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ARTICLE XI.

REPORT ON PRACTICAL MEDICINE.

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Read to the Military Tract Medical Society.

Gentlemen of the Military Tract Med. Society:—In behalf of the Committee on Practical Medicine, allow me to remark that my report consists of two papers, one, a brief, hurried, and, therefore, very imperfect retrospect of the past year, and some observations relative to the diseases peculiar to this climate, as they appear to one who has recently come here. The other paper consists of an essay read before the State Medical Society, at Decatur, in 1866, with the request that it should not be published; together with a polypus of the uterus, and its history.

REPORT PROPER.

The current year has been noted in Northern Illinois for extraordinary good health. No marked epidemic of any kind as far as my knowledge has extended, has entered to dissurb the universal tranquility throughout the agricultural districts of this part of the State.

Early in the season, much apprehension was felt, everywhere, amongst all classes, lest the cholera, which seemed to be steadily approaching us, should invade the quietude of our peaceful and happy homes in this section. With the view of mitigating

the evil as much as possible, the Town Council bestirred themselves; the sanitary rules and regulations were reviewed; health officers employed; nuisances abated, as much as possible, so as to be in readiness for the fearful scourge. Nevertheless, the hot season came and went; men hurried, women worried, but the dread epidemic kept at a respectful distance. Other diseases seemed to retire at its approach, as though they would give it an open field and undisputed possession of the ground; and *all*, by a sort of common consent, seemed to look with fearful dread and apprehension, expectant of the unwelcome visitant. But, fortunately, it came not.

There have been, by far, fewer diseases common to the sultry days of summer and the "sere and yellow leaf" of autumn, than for many years past. Cholera-infantum, which usually carries off its victims in such frightful numbers in our cities, towns, and even in the country districts, has been almost unknown amongst us the past season.

If I were asked to state the nature of the diseases prevalent here during the past summer, I would say that they were almost entirely of a nervo-rheumatic, neuralgic, or a hysterical character, or non-inflammatory. Indeed, inflammatory affections have been of exceedingly rare occurrence. The few fevers that have presented themselves to my observation, have generally been of a mild intermittent type, or, at least, have not been disposed to be continued. It is true, however, that, recently, several more severe and obstinate cases of a *low* and *continued type* have fallen under my observation, and they have seemed to me to approach that form of fever called cerebro-spinal meningitis, or spotted fever; but, they have, I am happy to say, been very few.

The season has been one of excessive *drouth*, especially during the latter part of the summer and fall. No rains have fallen, of any consequence, since the harvest. The temperature has been uniformly mild and pleasant, and the frosts of autumn have delayed their coming much later than usual. Fruits of all kinds were very abundant, of which our people partook without stint or moderation. Crops of all kinds came

in good; and every department of useful industry and art flourished, and all classes (except the doctors) reveled in a universal cornucopia.

Coming, as I did, from a latitude some 3° south of this, it may not be uninteresting to medical men here to state what my impressions are, in regard to the variation in the character of the diseases as they prevail in the two sections. One of the first things observed by me, after my arrival in this climate, was a remarkable tendency, among the people generally, to a diarrhœa. Purgative medicines acted much more easily and freely than I had been in the habit of seeing them do. Doses no larger than I had been in the habit of using constantly, I found, often, to act with extreme energy, producing drastic catharsis; while diarrhœas proved peculiarly obstinate, and sometimes quite intractable, the acute stage inevitably passing gradually into the chronic. So noticeable was this feature of difference in the character of the same diseases in the two localities, that those symptoms which I should have considered trivial in my former place of residence, often proved tedious, troublesome, and sometimes bid defiance to all methods of treatment, carrying the patient along for weeks, and months even, in a state of painful anxiety and impaired activity. This peculiarity, I doubt not, affords an explanation for the fact that some of our physicians have, they say, pretty much ignored the use of cathartics in their practice. Now while I see and acknowledge this tendency to diarrhœa, and allow that this fact should be remembered in all of our prescriptions, I, nevertheless, with all due deference to their opinions, still think they go to an opposite extreme, in rejecting purgatives from their list of remedies. "*In medio tutissimus ibis*," is a maxim as true in the practice of medicine as in the nicest deductions of transcendental philosophy.

In all of those cases where this tendency to diarrhœa obtains *decidedly*, these physicians may succeed very well; but I have good reason to know that it now and then happens that they meet with cases of habitual constipation, in which their set of remedies not only do no good, but, in all probability, do much harm.

For instance, I have known a few cases (treated ineffectually by the advocates of the non-cathartic plan) of pregnant women passing on through the latter part of their period of utero-gestation, with such a distressing state of obstinate constipation that, when the critical period of accouchement came, their whole systems were borne down by the depressing effects of the absorption into the circulation of much of those deleterious and noxious matters which instead of passing off through the natural channel, the alimentary canal, were diverted *therefrom*, and, by the law of compensation, were attempted to be removed through the absorbents and exhalants. Before I proceed further on this point, I wish to remark that, very soon after I came here, I observed, also, that there were very many more cases of spinal disease than I had been accustomed to witness. I was at a loss to account for this phenomenon. Whether it arose from the difference in the occupation and character of the people, or was due solely to local or climatic causes, I could not tell; but of the fact, I have no doubt. By calling the attention of medical men to the matter, I hope to obtain such assistance as will lead to a plausible explanation. Some of these cases, I thought, merited the name of spinal irritation, while others were attended with symptoms so different and unique, that I was sometimes at a loss to determine what was the appropriate appellation for them. Then, we had spinal meningitis, both acute and chronic. Dr. Wood thinks chronic meningitis a very rare disease. I am inclined to believe that, in this climate, it is not so very rare. Then, we have those symptoms which induce the belief that the case is one of myelitis and its results. Sometimes, the inflammations were undoubtedly of a gouty or rheumatic character. Now, amid all these different varieties of spinal complaints, we had cases of paralysis of the limbs, atrophy, and degeneration of the muscles of the extremities, so that the halt, tottering, and deformed met me at every corner.

This general tendency to spinal complaints, I think, may probably account for another circumstance which I soon observed, and that was, that strychnia, nux vomica, ignatia, and

brucia, together with valerian and such nerve stimulants and sedatives, were in use to a much larger degree than I had been accustomed to see them. They were often used, indeed, in diseases where there did not appear to be any demand for them. They, or some of these active remedies, were almost sure to enter into every cathartic pill, and, frequently, into mixtures for diarrhæa, dyspepsia, neuralgia, hysteria, dysmenorrhæa, and amenorrhœa, etc.

In passing, I mention another item of some note. In a practice of some eighteen years where I formerly resided, I never happened to meet with a case of tapeworm; but, during the two years of my stay in this locality, though my means of observation have been much more limited, I have seen nearly half a dozen cases; while intestinal worms, generally, are more frequently met with. The people in the former place live much on pork, while the inhabitants of this neighborhood pretty generally use beef. Two of the cases, I found occurred in persons who seldom, if ever, ate pork, but, as they said, were "great on rare beefsteak." What connection this circumstance may have with the origin of the tænia I do not know, but I mention it, that it may go for what it is worth. It may mitigate the prejudice against pork eating, perhaps, and tend to throw some suspicion on the healthiness of raw beef. It may not be amiss, also, to mention the circumstance related by Hasselquist, that the tapeworm is very common in Egypt, among the Jews, who, it is well-known, are religiously restrained from eating pork.

I continually meet persons *here*, afflicted with nasal catarrh and œzena. The per cent of such cases must be much greater here than where I formerly lived.

It is here that ignorant, itinerant charlatans with their electro-galvanic machines, like organ-grinders, who pretend to grind diseases of all kinds out of their patients, meet with extraordinary success, and electrical baths are immensely popular. From a somewhat careful survey of all these phenomena, I am inclined to believe that, in order to understand this seemingly complex and difficult subject, we must look to the cerebro-spinal and ganglionic system of nerves. I apprehend that the

remote cause of many of these cases of obstinate constipation, in females especially, may be found in a depressed state of the nerve centres, particularly those sympathetic ganglia supposed to preside over the alimentary secretion. To the better understanding of this subject, it is necessary to remember that each and every portion of the body is connected with the brain and spinal axis by two different sets of nerves, *viz.*, the afferent and the efferent.* The afferent set of nerves send impressions from all parts of the body, through the ganglionic and spinal centres, up to the brain or sensorium; while the efferent set send impressions out from the brain, through the same spinal and ganglionic systems, to all parts of the body. Indeed, it is confidently asserted by physiologists, that each and every part of the body must have its peculiar centre in the brain, and its peculiar nervous fibril to maintain a connection with that centre, though a number of these fibrils may be included within one general sheath. If any irritation, therefore, occur in any portion of the body, as, for example, in the alimentary canal, the afferent nerves, which are extended, in a delicate plexiform expansion, all over the intestinal mucous surfaces, immediately take cognizance of the fact and instantly convey the intelligence, in the form of a sort of telegram, up to the brain, or capitol; while the brain, thus informed, loses no time in sending down, through the efferent set of nerves, such reinforcement is as necessary, or the best at command, to relieve the difficulty. Thus, it must be borne in mind, that all parts of the body are bound *intimately* together by numerous bonds of sympathetic union, so that all parts are under the constant vigilance of sleepless sentinels, ever ready to send up to the brain any information, and warn it of any danger; while the sensorium, like a watchful governor, is constantly on the *qui vive*, with a numerous retinue of prompt and willing servants, in the shape of the efferent nerves, ready to execute the will and remove from, or ward off, any danger to life or limb. No person can fully understand the diseases to which I am now directing attention, until he has carefully studied that complicated system

* The discovery of these two sets of nerves, is due to Sir C. Bell, in 1835.

of reflex action so ably elucidated by Marshal Hall, and extended and amplified by Dr. Frazer Campbell and M. Claud Bernard. [See Note.]

It is the excito-secretory system of nerves which, I think, plays so conspicuous a part in the diseases above mentioned. When the nerve centres presiding over nutrition, digestion, and the intestinal secretions generally, from any cause (and they are subject to be sympathetically modified in their molecular action by the slightest and most varied impressions upon any portion of the body), become too much depressed, irritated, or *in any way* so modified in the delicacy of their normal structure as to unfit them for furnishing the stated necessary nervous supply, *disordered digestion is the result*—either diarrhœa or constipation. Perhaps they may succeed and alternate with each other. When *constipation* is the result, especially if obstinate and long continued, nature attempts, by a well-known law in the conservation of the animal economy, to do *indirectly* what she has failed to do *directly*. She attempts to relieve the constipation or loaded state of the bowels, by promoting the absorption of the fæcal matters and carrying them off through the skin and kidneys. In doing this at such a disadvantage, and in such an unnatural way, it is not surprising, sometimes, to see the whole system poisoned, the fluids corrupted, and the *nerve centres* still further depressed or irritated, and more especially when it is remembered that these nerve centres *first* feel the noxious effects of any toxic agent in the circulation, that they, more than any other tissue in the body, demand, for their normal action, pure, oxygenated blood, free from any deleterious agents whatever, we shall be able the better to understand why they are so frequently at fault. When the importance of these delicate structures is better understood in maintaining the *solidarity* of the whole human economy—the muscular tension throughout the body, the part they play in the processes of elaboration, secretion, growth, repair, and extension; disintegration, excretion, respiration, digestion, locomotion, and ratiocination, we may begin to conceive something of the magnitude and importance of this intricate subject.

Now, such a patient, if not relieved by some *coup de main*, some change in habits, regimen, climate, or medicine, *sinks*, inevitably, into a state of cachexia, or some form of disease justly alarming to himself and his friends. Now, I wish to call the attention of medical men here to this matter, with the view of obtaining their assistance in tracing the chain of morbid action, link by link, up to the prime cause and true pathology of many of these anomalous cases.

When it is borne in mind that, in this climate especially, the onus of disease is thrown upon the nerve centres, and that it is in these nerve centres that the nerve force is correllated into cell action, secretion; *here*, that the nerve force seems to be generated, in fact, and that the nerve centres, *altogether*, preside over all the physical phenomena in the body, it will not seem so strange that even slight molecular changes in these delicate structures should crop out in grave and formidable symptoms of disease, nor, moreover, in the different stages of the same disease that there should often be very different signs displayed to the mere superficial observer. For instance, in the first stage of a case of constipation, caused by a depressed state of the sympathetic ganglia, so that the intestinal mucous surfaces supplied by the nervous expansions from these nerve centres, feeling the want of the normal nervous *supply*, sends up, through the afferent nerves, to these nerve centres a demand for the necessary power to carry on their functions, while the mucous surfaces, from a want of the proper nervous distribution, by a well-known law in pathology, are thrown into such an abnormal state of excitement as to *intensify* this *demand*, and thereby call out, temporarily, the *reserved forces*, in such a way as to induce an extra effort to relieve the loaded bowels of their unwonted load. Perhaps they do partially succeed, but when this urgent demand is relieved, they sink back into a still greater degree of torpor and depression than before. The bowels fill up again very soon, when nature, no longer able to relieve the distension in the natural way, resorts to another and less direct method of relief, *viz.*, the absorbents at once take up all matters of sufficient tenuity to be absorbable, while

the more crude and irritating contents remain hardened and impacted in the folds of the colon till nature, arousing herself again, makes another desperate effort to get rid of the offending mass in the natural and direct way. She may even again partially succeed, and thereby squeeze through between the scybalous masses the more fluid contents of the alimentary canal, inducing the belief in the mind of the unwary physician, perhaps, that the patient has a diarrhœa, and he resorts to such medicines as effectually put a stop to even these feeble efforts of *nature.*

Now, if the real cause of the difficulty could be divined, and the nerve centres, in these cases, could be steadily aroused and permanently sustained in a more exalted action, the good results of the means employed would soon appear. But now, if nothing is done in the right direction that reaches the true cause of the difficulty, as soon as these excrementitious and noxious matters absorbed, enter the circulation they exert a deleterious and poisonous influence upon the whole system, and the nerve centres, in common with the whole organism, suffer still further injury and depression. Now, if the patient happens to be a pregnant female (which often occurs with ladies in such a condition), she goes on halting, complaining, and suffering from the effects of these sources of blood-poisoning and secretion-corrupting, until her vital powers of resistance are so diminished that, when the critical changes attending and consequent on confinement take place, she finds herself illy prepared to go safely through the trying ordeal. Now, mark what happens to her. She sinks into that dangerous form of puerperal fever denominated *putrid*, where all the symptoms of a zymotic poison, so much dreaded, occur. Every person who has practised midwifery any considerable time, must have been occasionally called to witness such cases of malignant putrid puerperal fever, where the powers of vital action were so impaired from some previous habit of body, as to be able to make no effectual stand against the terrible destroyer.

In these cases, there is often great doubt and serious misgivings in the mind of the medical attendant, in regard to the

nature of the disease and the best mode of treatment. There is often undeserved censure, also, cast upon the physician, from the real cause of the trouble not being understood. My experience induces me to believe that constipation *before confinement* is a frequent and strongly predisposing cause of this dangerous disease. Several cases have come under my observation, where I happened to know that such a state of the bowels preceded the confinement. In running my mind back over a professional life of some twenty years, I cannot now recal a single case of such severe and dangerous fever occurring, where the bowels had been properly attended to before labor. I do not pretend to say that this is the *sole* cause, for I am satisfied that it is not, but I do firmly believe that if women were more careful in this particular during the latter months of pregnancy, far less cases would occur, and those that do happen would be milder and more manageable than they are. Should I be called to a case of the kind I am speaking of, and, on enquiry, find that the bowels had been neglected before confinement so that there had been serious habitual constipation, I declare to you, gentlemen, that this fact *alone* would have much influence in the prognosis. I am the more anxious to impress this point on the minds of the profession because, as I have intimated already, I have noticed a disposition among some of my co-laborers in the practice of medicine to ignore purgatives in the treatment of all diseases. From so limited a means of observation, I acknowledge that it would not be safe for me to be too sweeping in my conclusions; nevertheless, I am quite confident, from what I have seen, that there are numerous cases of delicately organized females, and even males, of sedentary habits, among the young, and more especially among the *older*, who are groaning, unrelieved, under a complication of diseases of a somewhat anomalous character, who would be quickly restored to health and happiness by simple means, if the fact could only be clearly seen by the physician, that it is *altogether impossible* to *arouse* these *nerve centres* until the *influx* of *putrescent matters* from the *alimentary canal* are stopped and turned off in their *natural channel.* One of the first, most practical, and most impressive

lessons I learned in the study of female diseases was from Dr. Gooch, in regard to dysmenorrhœa and some forms of menorrhagia attended with pain, where he says that the best and most effectual way to arrest the discharge often is to *stop the pain* and let the discharge take care of itself. By following this advice and directing my remedies to the relief of the pain, by acting on the *uterine ganglia* and nervous system, I have sometimes cured distressing cases with great ease.

Several years ago, I was called to see a young man whose bowels could not be got to move, although he had taken a large amount of active cathartics and injections. This obstinate constipation occurred in consequence of a kick from a horse in the abdomen. After all other means seemed to fail, and while I was waiting for a consultation, it occurred to me that the difficulty might arise from a sort of paralysis from concussion of the sympathetic ganglia, and I was led to this conclusion from the fact that a blow upon the epigastrium would produce syncope; I therefore determined to try the battery. In the meantime Dr. Worthington came, who, regarding it as a case of obstruction from local inflammation, advised bleeding and a blister. But while we were parleying over the matter, the father came out and told us the boy was all right, as his bowels had been thoroughly moved. This changed the phase of the case, and he got well without bleeding or blistering. Did anybody ever before hear of concussion of the sympathetic ganglia? And why not?

NOTE.—Dr. Marshal Hall, of London, published his discovery of the excito-motory system of nerves in 1837. In 1850, Dr. Henry Fraser Campbell, of Augusta, Ga., announced the discovery of a similar relation between the cerebro-spinal, and the great sympathetic, or that extensive system presiding over the functions of nutrition, elaboration, and secretion, and he called it the excito-secretory system of nerves. In 1855, M. Claude Bernard, of Paris, made his interesting experiments upon the pneumo-gastric nerve, and showed that it influenced, very much, the secretion of the liver, and tended, therefore, to confirm, by actual experiment, the previous discovery of Dr.

Campbell. In 1857, Dr. Marshal Hall, after acknowledging the honor due to these two men, announced his belief that, in addition to his original discovery of the primary system of reflex action, called excito-motory, there may be several sub-systems, and he thinks the excito-secretory should be classed with the latter. Now, while I acknowledge that the excito-motory system may be so extended as to comprehend all the offices and function of the body, as every act, every molecular change even, implies motion; and every excitor influence, mediate, immediate, or remote, voluntary or automatic, internuncial, or imperative, must take place through the nervous system; yet, I see no advantage in thus extending it; and I think it more natural to make divisions and subdivisions according to functions and offices, and to generalize, also, accordingly. Whether we multiply the nerve centres and divide the spinal axis into separate segments, when the circle is completed through them, or take a more general view of the whole organism, classing together corresponding offices and functions, is very much a matter of taste where the *modus operandi* is the same, and where they have alike for their object the conservation of the animal fabric.

Therefore, in order to facilitate the study, and systematize the matter more thoroughly, I propose to make several primary systems and several sub-systems. I would confine the primary excito-motory system to the muscular movements of the body, and make the sub-systems include the voluntary and involuntary. The primary excito-secretory system should include all impressions and causes, transmitted through the nervous system, influencing, in any way, the various secretions of the body. The sub-systems under this head may be extended almost indefinitely. Other primary systems may be indicated, as the excito-circulatory, general and local: while we may have still others, as the excito-inflammatory, excito-suppuratory, etc. If it be objected that there are, in fact, no such actual systems in the anatomy of the human body, I will remark that if it be true, as asserted, that every portion of the body has its distinct centre in the brain or spinal axis, and a distinct filament to

maintain that connection; when we see certain impressions upon *one* part of the body produce, *uniformly*, the same effects upon some *remote organ or tissue*, we have good reason to believe that there subsists, between these two parts, a connection closer and more intimate than with other portions of the body. This connection must be maintained, somehow, through the nervous system. Common observation in the effects of remedies, and in physiology and pathology, all concur in establishing this truth, and, to the physician, a thorough knowledge of these intimate relations and remote sympathies is important and doubly interesting. In order, therefore, to bring this matter strongly and more fully before the mind, so that a bird's eye view can be had, I propose to arrange the subject in a table, as follows:

- **Excito-Ideational** — All impressions received through the sensorium on the cerebrum, exciting or modifying the thoughts.
- **Ex-Motory**
  - Voluntary — Ideo-motor and emotional influences, having the cerebrum for their centre. All the influence the will may exert in the movements of the body.
  - Involuntary — Sub-Systems—
    - Ex-Respiratory, as the atmosphere, or cold water on the body.
    - Ex-Emetory, Emetics, sights of disgusting objects.
    - Ex-Deglutory, Food masticated and insalivated.
    - Ex-Defecatory, Fæcal matter in the rectum.
    - Ex-Parturient, Full period of utero-gestation.
    - Ex-Convulsive, Worms, aura epileptica, remote irritations.
- **Ex-Secretory**
  - Ex-Salivary, Food in the mouth.
  - Ex-Gastric, Food in the stomach.
  - Ex-Biliary, Calomel, the passage of the alimentary mass.
  - Ex-Lactary, Empty uterus, Faridisation, etc.
  - Ex-Follicular — Dermo-perspiratory and sebaceous-mucous. All the gl'ds whose ducts open into the al'y can'l.
- **Ex-Circulatory**
  - General, as — Stimulants, healthy food, pure air, mental habitudes.
  - Local
    - Hyperæmia, local determinations, congestions, etc., in health or disease, from the blush on the cheek to the gravest forms of disease.
    - Metastasis, retrocessions, remote and secondary inflammations, as pneumonia from burns, etc.
- **Ex-Suppuratory and Ex-Inflammat'y** — It is often observed that remote irritations produce inflammations. Sometimes this inflammation runs rapidly into suppuration, as in case of metastatic abscess, while in other cases, as in orchitis from mumps, this result rarely happens.

Why is this? There must be some occult cause for this, and I know no better explanation, than to say that the nervous dis-

tribution is such, that in one case there is a tendency to suppuration, and in the other, though the inflammation may be equally new, still as the suppurative tendency being wanting, resolution finally takes place. Whether this explanation is correct or not, I think this table will assist to fix the fact on the mind of the *pupil* or physician, and assist him to investigate the matter, until he obtains a better one.

ESSAY.

"VIA OFFICII VIA SALUTIS."

After my appointment as delegate to attend this Society, I thought it might be expected of me to contribute something to promote the interest of the convention; and I felt, also, a desire to cast in my modicum of influence in some way, to advance the general good. Therefore, after a little deliberation, I determined to present, for the consideration of this meeting, the above motto, which, translated, means, "The path of duty is always the path of safety." In the practical illustration of this motto, allow me, gentlemen, to present to you this morbid specimen, together with the following brief history of the case:

Mrs. G. R. B., relict of the late Dr. B., of Schuyler County, Ill., *æt.* 31, the mother of three children, and a widow for some 18 months, had been suffering for about a year from repeated and exhausting attacks of uterine hemorrhage, for which she had been subjected to various modes of treatment by the physicians of the various schools, and at different places. First, at Quincy, Ill., and, subsequently, at Rushville, Schuyler County, Ill., where she took no small amount of cayenne pepper, lobelia, etc., according to the most approved system of modern eclecticism; and, I believe, "infinitessimals" *ad infinitum*, from the disciples of Hahnemann's theory of "*similia similibus curantur*," till she was reduced to the very verge of the grave.

The disease had been pronounced, either through ignorance, or by way of justification for the inefficiency of their treatment, by these modern medical wiseacres, "cancer of the womb;" and she had, consequently, taken the thousand and one infallible cures and specifics for that hopeless affection, till at length, dis-

heartened in mind and exhausted in body, pallid and ensanguined, thoroughly discouraged, and quite disgusted with the various unavailing modes of treatment brought into requisition for her relief, she was, at length, brought home to her father's house to meet her fate, despairing of all cure; when, on the 19th of November, 1864, I was first called to see her.

On examination per vaginam, I felt what I then took to be the posterior lip of the os uteri, somewhat swollen and elongated, but soft and *insensible to the touch*, and the vagina filled with coagula. She had a rapid, thread-like, and hemorrhagic pulse, frequent and troublesome palpitations, with that peculiar feeling of vertigo so characteristic of excessive loss of blood. Not feeling quite satisfied about the diagnosis, after several days of delay, however, a consultation was advised. Dr. E. C. Parker, an intelligent physician of Beardstown, Ill., was called to meet me at her bedside. After a review of the symptoms, he gave it as his opinion, that the hemorrhage proceeded from the internal surface of the uterus; and he advised an injection of diluted creosote. In making the injection I used the speculum, for the double purpose of convenience in the operation and the more perfect examination of the os and neck of the uterus. The first sitting satisfied me that what I had taken for the posterior lip of the uterus, enlarged, was, in reality, a tumor of some kind, about as large as a *filbert*, projecting through the os. It was of a pinkish color, and seemed to be covered with a villous coating. It was insensible to pressure, and, indeed, it had never caused her any pain in that region. I pressed the canula up through the os, in front of the tumor, into the uterus, and completed the injection; but it had no effect whatever on the hemorrhage. Hence, at another sitting, a few days afterwards, I painted the tumor all over with concentrated creosote, causing no pain worth mentioning, which arrested the flooding for the space of two weeks. At the expiration of this time, it returned as before. On examination, I then found that the tumor had increased nearly one-half in size during that short time. I now felt fully satisfied that the hemorrhage proceeded from the tumor, in fact, oozed out from all parts of its surface. From this time, my

mind was made up that it was a polypus, and I strongly suspected, *believed*, indeed, that the suppression of the discharge had contributed very much to the growth of the tumor.

Now, gentlemen, I cannot do justice to myself in this statement, without entering a little more *in extenso* into the circumstances connected with this case, by way of explanation. The family with whom this lady stood connected lived near me, and had been, for *more than ten years*, my most persistent and malignant professional enemies; and they had never, during all that time, lost any opportunity of traducing my professional character, or prejudicing all they could possibly influence (and they exerted no small influence, I assure you) against me, and especially our system of practice. The *rationale* may be found in the fact, that the husband of this lady had been, when alive, an eclectic physician, practising in the same part of the county. After his death, my relations with the family became more amicable, though my bearing towards them remained quite the same (always courteous and affable), so that they had several times requested me to visit members of the family in cases of sickness. Add to this the additional fact that I had sold out my property and practice in that neighborhood, and intended soon to leave the county. I felt, therefore, no further desire of extending my reputation as a physician in that vicinity. I supposed, also, that she would be very likely to plead the protection of the profession; and last, though not least, I knew that to perform the operation of removal by ligature, which I considered the most expedient under the circumstances, I should be under the necessity of sending off some distance to procure the instruments I deemed necessary, *viz.*, a speculum, matrices, and Gooch's double canula, as they were not owned by any physician within my reach. Notwithstanding all these motives prompting me to *cut my patient* (and I knew that these circumstances would make my excuse plausible) and leave her to her fate, or to the very great inconvenience of seeking medical aid elsewhere, which, I fully understood, would be exceedingly difficult, *I felt prompted by every principle of honor and fidelity, in her great need and extremity, to remember nothing of the past,*

but to make whatever sacrifice of *feeling*, *time*, and *money* was necessary, and go forward and render her the necessary assistance, with the hope of saving the life of a mother and a daughter, and thereby make a *generous* and *magnanimous* return for all the sharp and unkind cuts of the past.

After a little deliberation, I determined to make "a clean breast" of the matter, and I, therefore, told her and her friends, in full household, the precise nature of the disease, what I proposed to do, and what would be the *probable result*. Let it be remembered, that I had not before given a definite opinion in the case, and they had been led to believe the disease incurable or malignant; hence, they were all very agreeably surprised to learn that the case was capable of being cured, and their *faces brightened up* and became *radiant with hope and joy*, as I represented to them the probability of her *restoration* to *health*, to *happiness*, and to *them*. I stated, also, to them, that if they doubted my opinion, or the feasibility or propriety of the operation, they might call additional advice from any source they chose. After a little deliberation and a short conference, they seemed cheerfully to resign the case into my hands, and even encouraged me to go forward and do what I thought was necessary and right in the matter, and they would be satisfied with the result. I, therefore, sent immediately to Chicago and procured the aforesaid instruments, and, on the 10th of March, 1865, I ligated the tumor at the neck, which came off on the fifth day, without an untoward symptom; since which time she has fully regained her health, and continues to enjoy the same up to this time.

Thus, I have my *revenge* in the *double pleasure* it now *affords me*, of being able to present to you, gentlemen, *this beautiful specimen of uterine polypus*, and moreover, of giving to you an instance of the practical exemplification of the truth of the motto I have selected as the subject of these remarks, which, perhaps, we are too prone to forget, *viz.*, that the path of duty and the path of honor are, always, paths of safety and success.

Perhaps I should not omit to state, in connection with the history of this case, that this lady always enjoyed good health

up to the time of the death of her husband. During her maiden and married life no irregularity amounting to disease had ever occurred in her uterine functions; but immediately on the appearance of the hemorrhage the menses became suppressed, and very soon thereafter, her appetite became depraved and capricious, with a constant longing after, and an irresistible desire for, slate pencils, soapstones, etc.; but, on the removal of the tumor, the menses very soon returned, and the anæmiated and chlorotic countenance gave place to the ruddy hue of health and vigor, and all that vitiated, voracious appetite vanished as by magic.

If this brief and imperfect sketch shall, in any degree, serve to encourage the members of our noble profession who might otherwise be tempted to forget their dignity, in seeking redress by retaliation for personal wrongs and professional injustice, to *bide their time*, turning neither to the *right* nor the *left*, but to pursue, *straight forward* in the path of duty and the path of honor, the *even tenor of their way*, with the *full assurance that true honor*, under all circumstances in life, *will*, sooner or *later*, *inevitably bring its legitimate and ample reward*, I shall have written these lines at the right time, and read them in the right place. I close, as I began, with the motto, "*Via officii via salutis.*"

ARTICLE XII.

THE VALEDICTORY LECTURE TO THE CLINICAL COURSE ON OPHTHALMOLOGY AND AURAL SURGERY IN COOK COUNTY HOSPITAL.

By J. S. HILDRETH, M.D., Surgeon to Hospital.

GENTLEMEN:—Our thirty-first lecture, and last of the present course, is concluded. Many of you will soon leave for fields of practical effort. To get into practice, is the aim with you all. To those about to make the essay, it has become an all-absorbing and anxious thought. Some remarks, bearing upon this subject, seem pertinent to the waning hour.

Practice is the exercise of the comprehension of a subject. Comprehenеion may be defined, as taking hold of in the mind; the power of the understanding. Results will correspond to this faculty, other things being equal. When large, its manifestations are powerful; as in the orator, whose polemic eloquence sways the multitude. If refined, the effect will be subtile and delicate; as with the prima donna, whose chant plays upon the heart of her audience. Let the comprehension be selfish and wicked, actions become ugly and brutal; pirates and scoundrels generally, illustrate this. Now, the understanding, or comprehensive grasp of anything, may be diversely acquired:

1st. By trial; as a mason tempers mortar—a manipulation of chemistry, though he may not know the meaning of the word; or, as a laborer learns the use of the lever, in raising heavy bodies—yet ignorant of its mechanical principle.

2d. Philosophically, or by induction and deduction, as Newton grasped the law sustaining the universe; Columbus discovered America.

3d. Accidentally, without forethought, as gold was found in California; Gasthold Schwartz is said to have stumbled upon gunpowder.

4th. From the minds of others, as shown in the moulding influence of association—a man is known by the company he keeps; in the use of books—they are sacks of food for the understanding.

There are still other methods. But, acquire it as one may, comprehension, or knowledge, is the measure of capacity for usefulness and everything else. Manifold causes and conditions make it exceedingly varied in different persons. Let us examine a few:

Take capability. How many have fiddled catgut for a reputation, with no other result than to fiddle away their time; yet, Ole Bull is celebrated throughout Christendom, for his matchless execution on the violin. One artist will produce a portrait that speaks to you; while another, with the same kind of paints, brushes, and canvas, makes a picture nobody recognizes, unless the name be written beneath. Sometimes this quality is intuitive, as with a celebrated mathematician of this city.

Next, see the effect of education. Take two men of equal capacity and bent for a particular calling. Educate one systematically, and let the other come to it, as best he may. Then note the difference, as shown in the career of certain officers in our late war. Innumerable other striking illustrations of this might be cited, but one amply proves the point. Extraordinary ability, alone, can compensate for a lack of systematic training; and, even then, the individual must needs train himself.

Quality of mind, good or bad, a love of truth, or the reverse, wields a potent influence over the intelligence. Minds are frequently found, so small in goodness, it seems as if they constantly dreaded that some truth should penetrate their littleness. Some are ugly enough to refuse to investigate what they fear to be true; thinking, thereby, to extinguish scientific light. Others are so mean as not to admit what they know to be true, lest it benefit somebody beside themselves. And there are still others, too stingy to either learn or let anybody else, if they can help it, spending their time trying to make believe the world has come to a stand-still; that there is no advance in anything, because they, themselves, are incapable of any. Verily, they have their reward.

Let us never forget, however, to do justice to a large and excellent class, who aim to do right, but are enslaved by others, or thwarted by circumstances beyond their control. Such deserve, and must have, a better fate.

Comprehension also varies in kind. There are those who have peculiar knowledge of designing, modeling, or projecting; and, then, there are those specially fitted to grasp the execution of a design, model, or plan. Constantine the Great could found St. Peter's, at Rome; but it took other minds to work it up. An architect models a ship he cannot build; carpenters, blacksmiths, ropemakers, and numerous other workers, must construct the craft. An engineer projects a railway across a chain of mountains; the manufacturer of gunpowder, smelter of iron, rude bosses, driving ruder gangs, with manifold agencies besides, must carry out the plan, or the parallel bars of iron can never unite States, mingle society, and so hold a nation together.

In manufactures and the arts, we frequently see a certain form of comprehension, called aptitude; shown in turning out glassware, compounding silk and woolen dyes, making porcelain, etc.

Another, and very important form of this faculty, is a characteristic trait of men who lead the world: a quality of mind which seeks out, brings together, arranges, and sets to work the requisite materials and forces for a certain result. All successful persons, in anything, possess more or less of this influence. How it preponderates in the life of Washington, Martin Luther, John Jacob Astor, or Stephenson. Great and important enterprises often search long and hard to find a master, with enough of this quality to bring them out. There were competent hands ready to make submarine cable, men to cast it into the Ocean's depths, nautical skill to guide them with their charge, astute electricians to locate break and find defect, vigilant operators, shrewd capitalists, and all other means for the success of the Atlantic cable. This scattered material and personnel had, however, to wait until Cyrus W. Field came to marshal them together, and tie the knot between the old and new continents. During the late rebellion, what gigantic armies were in the field; what fleets upon the seas. Monitors crowded the rivers; innumerable munitions, which made the world wonder, were brought to bear on every side. The nation quaked, to its very foundation, in the struggle for life and liberty. But years, centuries long, were spent before the man was found who could lead our country through the wilderness. This special tact may be termed the power of coördination, or of adaptation of means to a given end. It is by no means always proportionate to strength of intellect, inventive genius, artistic or scientific ability. On the contrary, men of transcending talent have totally failed to make it felt, for the lack of a certain something to bring themselves before the world. It was said of a gigantic intellect, that, in politics, he put to sea on an ebb tide, and was stranded going out. What a museum of valuable inventions, scientific discoveries, artistic productions, poetry, music, and the like, is lost to the world, because its light is hid and nobody dares take the bushel off.

Let us now make an application of the principle we have been illustrating, to the physician.

The practice of medicine is one thing; to huckster drugs, look owlish, wheedle, drive fast, pull teeth, and slaver everybody in reach with unfledged advice is another thing—though frequently supposed by aspirants for public confidence, to be a good imitation. Probably, attached to no other vocation are there more inconsistent notions, weird fancies, and empty ideas mixed up with unsuitable counsel and mistaken effort.

Some think anatomy the keynote of success, and the fuller you sound it the better practice must be. Its importance is too evident to be questioned. But this department teaches the structure of the house you live in, not how to live. Another says, physiology should be the guide of your efforts. It teaches only the uses of parts. Nobody can live by knowing that windows are made to look out of, chimnies to smoke, and the cook-stove's function is to digest, and so on through every part of the structure. A third, suggests pathology for the basis of action. Men and women are not wanting who know the pathology of our present system of paper currency. But where is the doctor to cure it? Mathematics, botany, chemistry, and other branches, have their special advocates in this regard. Mathematics aid to tax and appraise, not augment assimilation. Botany will germinate ideas, and big ones too; yet they must have animal heat to thrive, about which chemistry can tell you.

Thus, we might go on, piling citation upon citation; but enough has been adduced to substantiate our point.

Medicine is a concatenation of sciences and an epitome of arts. To practise it successfully, one must marshal and lead these manifold elements, so as to cast in the depths of uncertainty a telegraphic cable between health and disease, to the end that the ailment of the patient may be known and relief dispatched to the suffering organs. In other words, the better you can yoke up medical science and art and then hitch them on to your team, the more weight you will carry through the world as a doctor; whether you attempt to handle the whole system, or concentrate your energies on a part.

Earnest, honest counsel, often fired with eloquence, is delivered to graduating classes. Sometimes, however, I have heard curious advice given to young men, and some not young, as they sat, diploma in hand, to receive the last lecture instalment. I have particularly noticed the suggestion, variously worded, for the newly plumed doctor, "to get on the right side of the women." As if women had any wrong side. Better let them take heed, lest there be so much wrong side to their professional ability that nobody can tell which the right side is. Believe me, that intuitive sense peculiar to women will esteem you, not as a medicine man, but as a *man* in medicine.

Another occasional injunction to graduates is to avoid quackery. The best of advice, but not always understood. Everybody knows what is commonly meant by quackery; but everybody does not know when and where it occurs. Is it not quackery, when a doctor pretends to understand a case, and knows he does not? Is it not quackery, when he treats a case without counsel, and at the same time knows there is somebody within reach of the patient's means, who understands it better than he does? Is it not quackery, for a doctor to send a prescription to a drugstore run by men of indifferent talent, bad habits—laziness, especially—and where whiskey is dispensed behind the counter, or somewhere else, yes, and in the free lunch at 11 o'clock style? Is it not quackery, when the doctor plays upon a patient's hopes by rote, because he cannot read his or her condition by note? Is it not fearful quackery, to become a denominational bigot in sectarian medicine? I will not continue this strain longer, lest it fill the hour.

We have seen how upon one's comprehension of a subject depends his practice. That this comprehension, or taking hold of in the mind—power of the understanding—may be diversely acquired; how exceedingly varied it is in quantity and quality among individuals; and, also, that it comprises a faculty "knowing no obstacle," by which it is allied to practical effort. All this applies with equal force to the acquisition of medical knowledge. Inasmuch as the latter pertains to the welfare of humanity, its study should be governed by a care, delicacy, and patience commensurate with the magnitude of the subject.

The true practitioner of medicine is a cosmopolitan student. He searches truth everywhere, that he may embrace it; and he also searches for error, that he may tread it down. He is a bookish man, and reads all sorts of books relating to his profession—regular, irregular, and defective—and as many more as he can. Like a searching man, he investigates all sorts of systems of medicine: allopathic, homœopathic, eclectic, hydropathic, electropathic, and nothingopathic, in order that he may develope discriminating talent. He is a man of observation, and allows nothing to escape attention, which may enlarge the understanding. His receptive mind always opens the door to entertain knowledge, come from whom or where it may. Taking care to learn but one thing at a time, it is correctly understood, and will be retained. Knowing the importance of executive ability to make knowledge available to the world, he aims to cultivate business talent, etiquette, economy, and politics; that he may know how to live among men. To these, still higher qualities should be added.

On a snowy night, millions upon millions of the white flakes descend from the heavens, though the darkness comprehends them not. Like birds, weary in flight, they lodge in the trees; palisade and stake are crowned as with opal; crystal tops out even the smoke stack; the farmer's soil is shielded from icy blasts; neither pauper-house nor jail is forgotten; for, with philanthropic zeal, these light-winged messengers strive to send them from the face of nature. How earnestly they cling to the charlatan's window, as if fain to repent him of his wickedness. Sidewalks and streets are paved with more than jasper gems. But dawn scarce comes, ere the chimney's new crest is blackened; morning's breath shakes free the branches; horses, tired at early call, nose off the posts; the unwholesome mist from the quack doctor's office despoils the purity of these harbingers of health; they are trodden down by man and beast. Soon this great fleecy mantle will have passed from before our eyes. Yet, ere long, it will again come, to gladden us anew. Therefrom the graceful willow shall spin its slender blossoms; the trees weave their wedding garments; and earth shall spread

her velvet carpet to receive the bridal train. What came tiny and gauze-clad, will turn the miller's wheel, bear great ships on its back, and dredge out the river's bed; it will fill the springs, where the cattle slake their thirst in summer's heat; shower gently down, set the bow in the clouds, and enter into myriad forms beside, in nature's great temple.

Gentlemen, the moments of life are snowflakes of eternity. Silently ever-coming, though comprehended not. Like the dove, they bring the olive-branch of peace; infancy and old age are crowned by their radiance; in their strength youth becomes invigorated, and manhood stately; with lavish hand they sustain us in wintry storms of trial; from their fulness, the poor hope for support, and the outcast for justice. These invisible missionaries ever work for the weal of mankind; unweariedly, they search out the heathen in their blindness—wherever they may be—to enlighten them. Scattered broadcast for all, are the priceless jewels of time.

But these visions unceasingly change: full vigor brings decline; the baby's smile turns to wailing; patients pass away; the olive-branch, green and fruitful, fades and withers; waves of adversity sweep away the sands of life; poverty slopes into penury; the exiled and downtrodden look for equity beyond the grave; reformers are ostracized, and barbarians smite philanthropists; opportunities, pregnant with success, are wasted; the barque of life, though launched amid balmy breezes, may go down in a tempest's billow. Yet, out of the incessant roll of the unfathomable mutations of our being, is the living temple built. Though bitter grief come, hopes fade, plans break, effort upon effort fail, friends prove false, society frown, and everything seem to oppose, there is, somehow, a hidden strength in the moments, the finite cannot trace, which may rear the fairest and noblest structure—a well-spent life.

Aim to comprehend and to so practise, that your living temple shall become the pride of the rich and the hope of the poor.

ARTICLE XIII.

FOUR AND A-HALF INCHES OF WHALEBONE IN THE UTERUS.—ABORTION.—NARROW ESCAPE FROM DEATH.

By M. M. EATON, M.D., Peoria, Ill.

March 30th, 1866, was called, in consultation, to see Mrs. G., living in Tazewell Co. Met the attending physician at her residence, who gave me the history of the case, as follows, *viz.:* He was called to see Mrs. G., aged about 30 years, March 29th; found her flowing profusely. She stated that she had had a miscarriage three days before, the afterbirth also being all delivered. He made an examination, but found nothing abnormal, save that the uterus was enlarged, the os somewhat dilated, and a general relaxed condition. He made use of the usual remedies and appliances. March 30th, was called to see Mrs. G. in great haste, the messenger stating that she was very low. On arriving at the house, a woman in attendance stated that Mrs. G. had told her that she had used a piece of whalebone to bring on a miscarriage, and had lost it in the womb. The Doctor found his patient in a truly alarming condition—almost speechless and pulseless, with the bed saturated with blood, and still flowing. On making a vaginal examination, and reaching very high up into the uterus, he detected some hard substance, but was unable to remove it; when he requested that I be sent for.

On entering the lady's chamber, I found her colorless, nearly pulseless, and hardly able to speak a word. Ordered her to have a drink of warm water with rye whiskey, and cold applied over the hypogastric region. In about 15 minutes, the pulse became stronger, and I proceeded, by request of the Doctor, to attempt the removal of the whalebone, if such it was. I easily reached the object with one finger, but the os was not large enough to admit of forceps being used at the same time,

and I was unable to sieze the whalebone with them. The whalebone lay transversely in the uterus, and I made an effort to bring down one end with my finger, and finally succeeded in hooking my finger over it and bringing it down; but it doubled on itself, and I removed it forcibly, without letting go my hold. I found the substance to be a very large whalebone (such as is used in umbrella frames), 4½ inches in length, slightly pointed at both extremities. Ergota was immediately given, and followed by stimulants and tonics. I have since learned from the attending physician that she ultimately recovered.

I wish every woman in the land who is, or is tempted to be, guilty of the crime of producing abortion on themselves, or anyone else, could have seen this case. I am sure, if they could have done so, few would be found willing to subject themselves to such danger. This is but one out of thousands, it is true, where women resort to some means to rid themselves of unborn children; but, it is one calculated to impress the thoughtful mind with the danger women subject themselves to, who sin in this way against God and man, and furnishes us with a case to cite, to persuade ladies never to be guilty of such an act.

What numbers of American women are, to-day, dragging out a miserable existence themselves, and giving birth to scrawny, weakly children, because of their having taken so many drugs, "to get rid of them," as they say. I am sure many are barren who would now gladly have children if they could; but they cannot, because of the fact that they, when first married, thought to be smart, and not have any children until they got ready, and the means used either to prevent or destroy conceptions, has resulted in a permanent disability to conceive. Many are troubled with ulcerations, hemorrhages, tumors, misplacements, and inflammations, I conjecture, nay, I have been informed by the parties themselves in many instances, as they believe (and I judge, correctly), by reason of their efforts to rid themselves of the trouble of raising children; but a greater trouble has been visited upon them, and they uniformly repent their acts. Let others take warning.

Proceedings of Societies.

ALUMNI ASSOCIATION.

MINUTES OF THE MEETING OF THE ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE, HELD MARCH 3D, 1868.

The members of the Alumni Association of Chicago Medical College met in the lower lecture-room of the College, immediately after the commencement exercises.

The President, Dr. J. S. Jewell, delivered an able address upon medical education, which was listened to with marked attention, and frequently applauded.

On motion, it was the unanimous wish of the alumni that the President be requested to furnish a copy of his address for publication in the CHICAGO MEDICAL EXAMINER.

Some amendments were then made to the Constitution and By-laws.

It was moved, by Dr. Fuller, and carried, that 400 copies of the Constitution and By-laws, as amended, including the President's address, be printed, and a copy sent to each alumnus.

Correspondence, and reading and discussion of papers then followed.

On motion, the Chairman appointed a Committee, consisting of Drs. John M. Woodworth, J. F. Kelsey, and A. W. Gray, to nominate officers, which Committee, after due conference, presented the following names, which were unanimously elected:

President—H. P. MERRIMAN, M.D., Chicago.

1st Vice-President—N. W. WEBBER, M.D., Naperville, Ill.

2d Vice-President—NORMAN BRIDGES, M.D., Chicago.

Sec'y and Treas.—S. A. MCWILLIAMS, M.D., Chicago.

The alumni were then notified that the Treasurer was ready to receive their annual dues.

No farther business appearing, the meeting adjourned.

S. A. MCWILLIAMS, M.D., *Sec'y.*

ANNUAL MEETING OF THE CHICAGO COLLEGE OF PHARMACY.

A meeting of the members of the Chicago College of Pharmacy was held March 10th, in their new rooms in Rice's building. The meeting was largely attended by the druggists and physicians of the city. E. H. Sargent occupied the Chair. The Secretary called the roll, and read the minutes of the last meeting.

REPORTS OF COMMITTEES.

The different Committees then reported. H. D. Garrison, on Apparatus, reported that many additions had been made to that of the College, but he did not know the exact condition of apparatus at this time.

Mr. Mills, on the Library Committee, reported that the Library fund amounted to $725, $500 of which had been appropriated by the Board of Trustees, to be expended in the purchase of books. The Committee suggested that the remaining portion of the fund be appropriated at this meeting for the same purpose.

The Committee on Lectures, reported that two lecturers could easily be obtained, and the matter had been referred to the Board of Trustees.

The Secretary and Treasurer's reports were then presented. The latter reported $1,500 in the Treasury Sept. 1, and gave the amounts that had been expended, which nearly covered the receipts.

Upon motion, the Special Committee on Lectures was discharged.

The Committee on Examination reported the names of several persons who had applied for membership. As several of the applications were without the necessary indorsement, members who were acquainted with the applicants were requested to indorse them.

PROPOSED PUBLICATION.

It was moved by Mr. Bartlette, that the Board of Trustees be, and are hereby, authorized to permit any person or persons

who may desire to establish, in this city, a monthly journal, devoted to the interests of chemistry, pharmacy, and the collateral sciences, and who shall present in writing a full prospectus of the enterprise, and shall give satisfactory evidence of their qualifications and responsibility, to publish the same by authority of the Chicago College of Pharmacy, and the authority so delegated shall continue so long as the requirements of the prospectus are fulfilled, or until the College may desire such a journal. The motion was carried without debate.

It was moved and adopted, that the Board of Trustees be empowered to take measures to give a course of lectures on pharmacy.

On motion, the Secretary was empowered to transmit a vote of thanks to Dr. J. H. Rauch, for a valuable donation.

On motion, the unappropriated Library fund was placed in the hands of the Trustees.

It was also resolved, that $300 be placed in the hands of the Trustees, to defray the current expenses.

PRESIDENT'S ADDRESS.

President Sargent then addressed the meeting substantially as follows:

GENTLEMEN:—Another annual meeting brings us together, and it becomes my pleasing duty to present to you a statement of what has been done by your officers, which, owing to the change of our Constitution, covers a space of only six months.

He congratulated them upon the increased prosperity of the College, and the prospect of greater future usefulness. But twelve months had passed since the reorganization, and it was not much to say that the College is far more prosperous than the most sanguine could have anticipated. But there remained much to be done before they could rank with older and more favored Colleges.

It was to be regretted that so little had been done towards giving a course of instruction, but it was hoped that this meeting would take the matter under consideration, and take steps necessary to its fulfilment.

Our city was large enough to furnish a class of students suf-

ficient to sustain a good course of lectures. There is not a druggist in Chicago whose clerks would not benefited by a course of lectures. For such lectures, but six hours a week would be required; and he thought that each clerk would be willing to devote a portion of his labor and leisure hours to study.

All desiring proper, competent clerks, would give preference to the graduates of the College of Pharmacy. Such clerks usually obtain a large salary.

The class in the Philadelphia College of Pharmacy numbers one hundred and fifty members, two-thirds of whom are from the city proper. Several Chicago clerks annually go to that College to obtain the advantages which cannot be found here.

The influence of Chicago will extend over the entire West. We may be sure that in a short time our classes will be as largely attended as those of any similar institution in the country.

We ought and can furnish the necessary talent to give the lectures; the only difficulty being to find the necessary time to write and deliver the lectures, but with suitable compensation the difficulty may be overcome.

From the Secretary we learn that six new members have united with the College since September, making the number 83.

The library now contains 125 volumes, comprising many of the best books in the language upon chemistry and collateral branches of sciences and art. The most complete and expensive books have been purchased rendering the library one of great utility.

In view of the great cost of scientific books, and the fact that their resources are limited, the speaker urged upon all to aid, by the donation of books and publications to the Society. He also suggested that the Committee on Library issue a circular, addressed to public libraries, officers and individuals, asking contributions. Publishers and dealers might also be included.

The cabinet had not been neglected, it now comprised over

700 specimens. Each one should make a selection from his private stock of what is needed. It only required a moderate outlay of time and money on the part of each one to make the Cabinet what it should be—a means of instruction. He called attention to the importance of having specimens of adulterations, and asked that each donate such as might fall under their notice. He also suggested that the Committee should solicit from abroad what could not be obtained at home.

He took pleasure in informing them that Mr. Ebert, who is now in Europe, had a collection of over 600 specimens, and promises many more.

Attention of the members was called to the subject of a cabinet of chemical and pharmacal apparatus. Such a collection would be as valuable as any other portion of our cabinet.

In January last, a lease was secured of a building now occupied, on very favorable terms.

He hoped that during the ensuing year, the College would be able to invite the American Pharmaceutical Association to meet in Chicago. The Association has held fifteen annual meetings: four times in New York, three times in Boston, twice in Cincinnati, twice in Baltimore, twice in Philadelphia, where they will meet again this year. The membership of our State ranks as the sixth in number, Chicago containing all but six, having forty-three members. The largest number of any Western City, except Cincinnati, which has sixty-one members.

Our revenue for the year now commenced is estimated will be about $500; the expenses, $400, independent of books and lectures.

Appropriations for current expenses should be made at this Session, as no money can be expended by the Trustees unless appropriated by the College.

The propriety of admitting wholesale druggists as associate members has been urged. It is desirable that as many of the members as can will become life members at once.

In conclusion, he urged upon all renewed interest in the work. In retiring from the office of President, he thanked them for the uniform courtesy they had shown him, and hoped

that they would choose some one who would perform more worthily the duties of President, and that they would support the new officer as heartily as they had done him.

At the conclusion of the President's address, which was greeted with considerable applause, an election of officers was had, with the following result:

President—E. H. SARGENT.
1st Vice-President—J. W. MILL.
2d Vice-President—J. W. EHRMAN.
Treasurer—J. P. SHARP.
Secretary—LOUIS STREHL.
Corresponding Secretary—THOMAS WHITFIELD.
Trustees—HENRY BIROTH, W. F. BLOCKI, H. D. GARRISON, ALBERT E. EBERT, and N. GRAY BARTLETT.

The meeting then adjourned.

Selections.

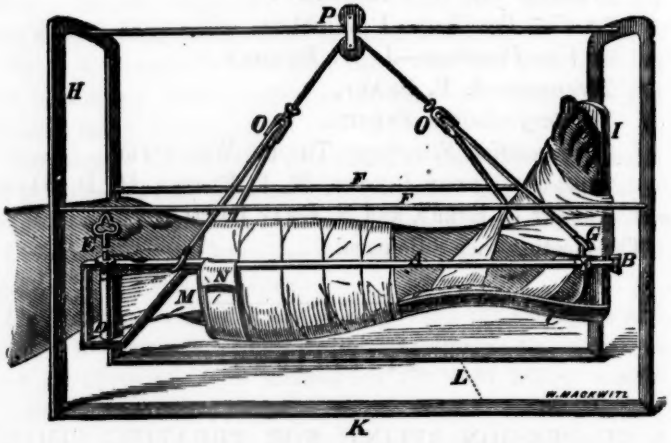
A SUSPENSION SPLINT, FOR TREATING SIMPLE AND COMPOUND FRACTURES OF THE LEG.

BY E. A. CLARK, M.D., Resident Physician, St. Louis City Hospital.

The great necessity for a well adapted apparatus in treating fractures of the leg, suggested the utility of the instrument I have designed in the following woodcut, which, not only answers every practical purpose in treating this class of fractures, but also contributes very much to the comfort of the patient, who, while he is enabled to execute every movement of which the sound limb is capable, yet, cannot displace the fracture or modify the force of extension. In presenting this apparatus, I claim an advantage over those invented by Hutchinson, John Neill, Crandall, and Salter, not only for the means of extension and counter-extension, but also its adaptation to the treatment of compound fractures of the leg, as represented in figure No. 1. And considering the simplicity of this instrument, with its cheapness and application to every variety of fractures of the leg, will certainly give it the pre-

cedence with those who may venture to use it in a single case. The apparatus is such as may be made by any blacksmith, or indeed by any ingenious surgeon in a case of necessity, when a wooden frame and two hoops with a common iron pully will answer quite as well as the instrument which I have had made of iron on the following plan:

(Fig. No. 1.)

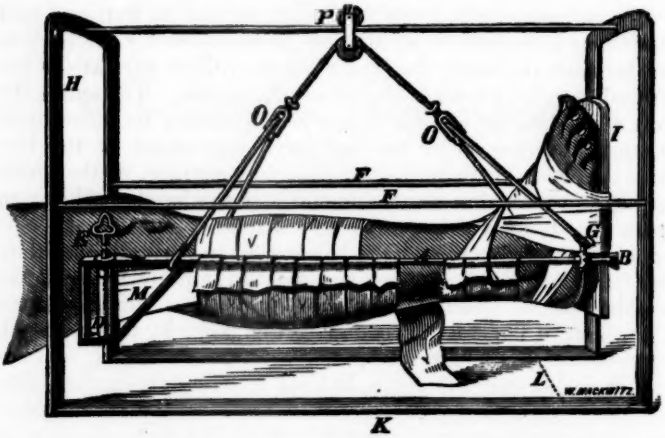


The two arches represented by the letter (H), at one end, are made of iron bars one-eight of an inch in thickness, and three-fourths of an inch wide. These arches are continuous with the bottom pieces (K), which support them upon the bed, and measure twenty-two inches in length, making the distance between the two arches, which are also supported on the sides by the two slender bars (F F). While the bar extending across the top, upon which the pully (P) glides, should be made flat, with the long diamater perpendicular so as to prevent it bending with the weight of the leg. The width of the arch under which the leg suspended—as indicated by the letter (L), should be 15 inches, and the arch 18 inches from the surface of the bed.

This description will be sufficient to indicate the proportions of the exterior apparatus. The bars represented by the letter (A), in which the leg is suspended, should be about two feet in length—unless when the fracture is too close to the knee, and it may be necessary to attach the adhesive straps (M) above the knee, then the bars may extend to near the peri-

neum if necessary. The crossbar passing beneath the bracket at (B), and upon which the foot rests, should be flattened and five inches in length, so as to allow ample space for the limb to rest between the bars; the space between these bars at the upper end should ordinarily be about six inches. The splint (C) upon which the leg rests in figure No. 1, should be fluted upon its upper surface so as to conform to the shape of the leg, while it is also made oval upon its under surface, so that both the leg and the splint may be included in the bandage shown in figure No. 1, by which means any displacement may be corrected in the fracture and the bones kept in perfect apposition. The foot piece (I) should be attached to the posterior splint at an obtuse angle, so as to correspond with the natural position of the foot. The foot is bound to this piece by means of adhesive straps which may embrace the whole of the foot, and extend partially over the ankle, but not so as to arrest the circulation, as by the figure of eight bandage formerly used around the ankle for making extension. The leg then, as seen in figure No. 1, is supported upon the crossbar passing under the bracket (B) attached to the foot-piece, and by resting upon the strap (N), pinned over the bars (A) on either side; while the extension and counter-extension is effected by means of the bar across the foot-piece below, and above by means of adhesive straps three inches in width, as indicated by the letter (M), which are attached to the sides of the leg, beginning just above the point of fracture and passing up to be wound around the cylinder (D), which is three and a-half inches in length, and turned by means of an ordinary clock key, represented by the letter (E). This cylinder is held in any position to which it may be turned, by a ratchet and wheel placed upon the upper surface of the bar, as indicated in the diagram—It will be observed in figure No. 2, that there is no posterior splint as in the other diagram, but the leg is supported entirely by strips of muslin pinned over the bars on either side, which renders this apparatus more appropriate for the treatment of compound fractures in which the wound may be examined and dressed when necessary, by removing one or more of these strips which may be replaced by new ones without disturbing the fracture. The attachment of the foot-piece in this dressing does not in any particular differ from that of figure No. 1. The means of suspension is the same in both these dressings, which, by means of the pully at the letter (P), the patient is enabled to move his limb, or even his body, forward and back to the extent of the length of the bar upon which it glides, and by means of the

(Fig. No. 2.)



cord playing over the under wheel in the same pully, the patient is able to flex and extend the knee by depressing or elevating the foot, which movement can be executed by a very slight effort on the part of the patient, while at the same time he can swing the leg from side to side to any extent within the space of the arches; and by means of the cords playing through the pulleys at (O O), the leg can be rotated to any extent, even to allow the patient to lie upon his side if he desires, without disturbing the fracture in the least. It will be observed in the diagrams that at the letter (G) there is a thimble, which can be made to slide upon the bar by means of which the lower end of the leg, can be elevated or depressed at the will of the patient, by sliding this thimble forward or back, and fixing it at any point by means of the little thumb screw attached to this thimble. In developing the utility of this apparatus for the treatment of fractures of the leg, I have tried various means of attaching the foot at the bottom, such as the muslin and flannel bandages in the form of a figure of eight around the ankle, covering the foot also, as far as the toes; but have always found them objectionable from the great amount of pressure and consequent arrest of the circulation in the foot, though the flannel bandage is much less objectionable than the muslin. But I have been able to obviate this objection, by the use of the adhesive plaster attached over the front of the foot, and around the foot piece, as shown in the diagram; this I have ordinarily found quite sufficient, unless in rare cases, when an

unusual counter-extending force is required, it may become necessary—as very aptly suggested by Prof. Hammer of this city—to pass a strip of adhesive plaster beneath the heel and around the foot-piece, which adds very much to the strength of the dressing. I have recently treated six cases of fractures of the leg with this apparatus, in which both bones were fractured, and in which there was more or less shortening in each case, with excellent results in all of them, without allowing the least deformity or shortening, while the patients were all grateful for the comforts allowed them by this apparatus during their confinement.—*The Humboldt Medical Archives.*

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING DEC. 4th, 1867,

DR. ALFRED C. POST, President, in the Chair.

ON BLOOD-LETTING.

Dr. Post, by previous arrangement, opened the discussion upon the subject of blood-letting. After attending to the antiquity of the practice—it having been in vogue among the Egyptians, Assyrians, and other nations, and resorted to by Polydorus soon after the seige of Troy, endorsed by Hippocrates, and its rank as a remedial agent all through the period of Roman civilization,—he remarked as follows:

Notwithstanding its loss of reputation, partly caused by the abuse of its power, he contended that venesection was a remedy of great value, and in many cases it was indispensable; in other words, that it shortened the period of disease, and increased the prospect of cure.

Its effect upon the circulation was well marked, as evidenced by a decrease in the frequency of the pulse, a lowering of the animal heat, and a diminution in the volume of the artery. To use a conventional phrase, "the pulse rises," it becomes fuller, and the patient very often feels immediate relief. The effect of opening a vein is beautifully illustrated in peritoneal inflammation, for here the pulse being "*small,*" an increase in force is more readily detected.

In acute inflammation, and in active determination of blood to important organs, the blood-letting plan of treatment was of substantial value. It relieved local pain. Among the other effects the Doctor alluded to free and copious perspiration, a tendency to syncope, nausea, emesis, and sometimes convulsions.

It may be judiciously employed from infancy to old age, although in the first mentioned stage of life, its application, perhaps for no very cogent reasons, was limited to the use of leeches. In advanced age great caution is required, but for the benefit of the over-timid, he cited two recorded cases. One that of a man aged 87, bled twice in one day; another aged 80, bled nine times for pneumonia. These in proof that even under this adverse condition, it was not so destructive to life after all.

The case of the late Dr. Cheesman, (who died in 1862, aged 75 years,) as related by Dr. Alonzo Clark, was also to be remembered in this connection, since he was evidently benefited by a copious bleeding.

Dr. Post then related several cases to fortify his position, one or two of which are here given.

A woman *æt.* 40, small and slender, with a pulse of inconsiderable force, but not remarkably compressible, being seized with a severe cephalalgia referable to the frontal region, sent for him. He administered the usual remedies, revulsive, cathartics, etc., but without effect. The patient then suggested bleeding, which Dr. P. had not before entertained, owing to its apparent contraindication. Her solicitation was backed by the assurance that previous bleedings in similar attacks had always afforded relief. The loss of something over a pint of blood from her arm verified her statement. He was subsequently called at long intervals, and bled the patient each time with the same result. After several years also, he was summoned at night to her bedside; she was in state of stupor, had a wild look, was unable to speak, but significantly pointed to her elbow. A full bleeding brought relief, and since then she has enjoyed comparative immunity from attack.

Case 2. A young clergyman, in the course of a platform speech, reeled and fell. Having a flushed face, full pulse, and great confusion of mind, he was bled, with marked and complete relief.

Dr. Post, in concluding his remarks, cited the case of strangulated hernia at the New York Hospital, upon which he had called the usual consultation of his colleagues, preliminary to an operation. In the interim, however, he directed the hard, tender, and tense tumor to be covered with leeches, when spontaneous reduction took place. He also referred to the benefits of the local abstraction of blood by leeches in the case of pneumonia in the very young subject, and in pneumonia generally, when no depressing influence is at work.

Dr. Anderson referred to the change in professional opinion regarding this matter, which would be more obvious by contrasting a period 25 years ago with the present time. He remembered having read the work of Dr. Armstrong on fevers, in which venesection was much praised, and it had occurred to him that following up the bleeding, with anodynes, would be eminently philosophical. While of this way of thinking, a gentleman, "a full, hearty liver," sent for him. The patient had great respiratory oppression, but no pneumonia; bleeding at once relieved him. In the case of Dr. Cheesman it would be proper to note, that more blood was lost than was originally intended, since the slipping of the bandage allowed the bed to become quite well ensanguined before the discovery was made.

Remarks were made by Drs. Woodhull, Foster, and Garish.

Dr. Van Buren said, at the beginning of his professional career it was thought impossible to initiate the treatment of pleurisy without a resort to blood-letting. In such cases the respiration did certainly become quite free. He also alluded to the benefit accruing from venesection in two cases of puerperal convulsions, before the days of chloroform.

Dr. Wooster gave in his testimony regarding the application of leeches between the shoulder blades,—especially in the case of young children suffering from pneumonia of a grave type. He was in every sense well pleased with the result.

Dr. Sayre was cognizant of a case where leeches were applied between the shoulders, and the child died in consequence. This had made a strong impression on him. Oiled silk jackets, poultices, etc., he regarded as much safer, and more serviceable.

Cases requiring prompt bleeding he regarded as quite rare. He did not wish to be understood as saying they never occurred, since he had himself carried a lancet in his vest pocket for 15 years, and had used it three times.

The change in our modes of treatment were due, he remarked, not to popular prejudice, but to the increased information of medical men. The starvation and the lancet plan had gone out of date; all were beginning to believe more in good food and good air.

Dr. Woodhull would hesitate to bleed, except in cases of sudden apoplexy.

Dr. Richards, after a few remarks by Dr. Van Buren concerning a change of type in disease, asked whether it might not be a change of opinion, and for the purpose of giving the junior members of the Academy an opportunity of expressing

their views, he moved that the discussion be resumed at the first opportunity.

The motion prevailed, and the Academy adjourned.

Stated Meeting, Feb. 5th, 1868. Dr. Alfred C. Post President, in the Chair. After the usual routine, business was transacted.

Dr. D. B. St. John Roosa read a paper upon *Congenital Deaf Mutism.* A short discussion ensued, when the President declared the continuation of the discussion on blood-letting to be in order.

BLOOD-LETTING.

Dr. O'Sullivan made the following remarks on the therapeutic effects of blood-letting:

Mr. President: The discussion on blood-letting, and the information elicited on that subject at a former meeting of the Academy, has been one of the most interesting and instructive to me as one of the Junior Fellows. The earliest lessons which I have learned in the study of medicine, have been intimately connected with the ideas prevailing at the time as regards blood-letting, and which governed the practice some years since.

When I commenced practice, I determined with all the zeal of a young practitioner, to test the merits of blood-letting thoroughly. In the neighborhood where I have resided for the past 11 years, there are several large founderies and machine shops, where hundreds of stalwart men are constantly employed. Here was a wide field for investigation, and so determined was I to give the subject a fair trial, that for several years I never went without a lancet in my pocket. I, however, began to perceive very soon that among this class of patients, who were apparently well able to stand depletion, I had to alter my views materially, and finally to abandon almost entirely the use of the lancet, especially in diseases affecting the respiratory organs. Now, sir, whether this is owing to the fact that this class of patients reside in ill-ventilated and crowded apartments, or that in their daily avocations they are constantly breathing a vitiated and poisoned atmosphere, or else to climatic reasons, I am not at present prepared to say. The fact however remains, that a certain degree of enervation exists among this class of patients, and that we must be very careful how we deplete them. In acute diseases of children I have never pursued the practice. I can say with a clear conscience, that I have never even applied a single leech, but on the contrary, endeavored to sustain my little patients from the

beginning, in every possible way, locally; the oil silk jacket and poultices sufficiently fulfil the indications for depletion.

In this connection I will briefly mention the history of an interesting case which occurred in my practice some eight years ago, and which I think strongly sustains my views on the subject.

In January, 1860, I received a telegram urgently calling me to Baltimore, to see a relative, who was a student at the theological seminary in that city. I left immediately by the Night Express train, arriving at five A.M. I at once proceeded to the seminary, and found the patient in a very debilitated condition, in the second stage of pneumonia; and, as I was informed by the nurse, and later by the medical attendant, that he had had no sleep for three days and nights. It was evident to me at a single glance, that if sleep was not speedily procured, delirium must ensue, and with necessarily a fatal result. I was further informed by both the physician and nurse, that at the onset of the disease the patient had been bled very freely (a large basin full of blood being taken from him) and that considerable debility had followed the venesection, and from which he had but imperfectly rallied when I saw him. The state of affairs can be readily imagined, when it is known that the patient was a mere anæmic youth of 19 years of age; of course, I need hardly say that the antiphlogistic regimen was also pursued. On auscultation, I found he had a very extensive pneumonia, involving both the lower and middle lobes of the lung, there had been applied extensive counter-irritation on the obsolete theory of its furthering resolution, a mode of treatment which the best clinical observers of the day have so fully refuted. In relating particulars, the attending physician expressed his surprise, that notwithstanding he had administered large doses of opium in a concentrated form, no sleep had been procured, and that in his opinion the case was very serious, and an immediate fatal result was highly probable. He asked my views of the case, and what I would suggest in the present emergency. I said I very much regretted the treatment he had pursued in the earlier stages of the disease, that in so young and weak a patient, instead of depletion, sustaining treatment of a decided character should have been pursued from the very beginning, that had such a course been adopted, the solidification would not be so extensive, nor the debility be so extreme. I suggested at once the most heroic sustaining treatment; beef-tea, tonics, stimulants, etc. Being then unacquainted with any of the profession in Baltimore, I telegraphed

to a distinguished Fellow of this Academy, who kindly sent me the names of some prominent physicians in Baltimore, with one of whom an immediate consultation was had, and who fully endorsed my views of the treatment of the case; and on the first night on a few grains of Dover's powder the patient enjoyed three hours of most refreshing sleep, resting as placidly as an infant. I, with the nurse, watched him the whole night. Now for the sequel: the pneumonia was cured, but the patient was lost, as he died of phthisis some six months later. The deduction I have drawn is, that the immediate and predisposing cause of the fatal result in this case, is attributable to excessive depletion on the one hand, and defective nutrition on the other. I would mention further, that the young man inherited no predisposition to the disease of which he died—his relatives on both sides were not tainted with the disease, many of them living to an extreme old age. During the collegiate course of the patient in New York city, he was under my constant supervision, and was never to my knowledge sick for a single day.

No further remarks having been offered, the meeting adjourned.—*Phila. Medical & Surgical Reporter.*

AN ESSAY ON THE THERAPEUTIC VALUE OF CERTAIN ARTICLES OF THE MATERIA MEDICA OF RECENT INTRODUCTION.

By JOHN H. GRISCOM, M.D., of New York City.

Read before the New York Medical Society, Feb. 4, 1868, and Reported for the *Philadelphia Med. and Surg. Reporter.*

SULPHITE OF SODA.

In view of the serious responsibility imposed upon all practitioners of medicine, and actuated by the consideration of the duty belonging to each one to keep his colleagues advised of every additional item of experience that may from time to time accrue to him, I solicit the favor of a few minutes attention of this society, for the presentation of the results of an extended and successful experience with the employment of two articles of the materia medica, of comparatively recent introduction. I refer to the *sulphite salts of soda*, and to *glycerine;* the first as an *internal*, and the second as an *external* remedy; with the first named, I have, during the past two years, had a most gratifying successful experience in a large variety of disorders, finding it to afford relief in very numerous cases in which the

usual articles of the materia medica, adapted to previous experience, have sometimes failed, but in which this article has failed in scarcely a single one of over three hundred instances of its administration in those cases to which, according to my theory of its modus operandi, it was specially adapted.

The chemical composition of this material is as simple as that of any other salt—its two ingredients, *sulphurous acid* and *soda*, being well known. The acid constituent, in its separate form, has been long appreciated as one of the most effective antiseptics and deodorizers when used externally. In fact, it is one of the most ancient disinfectants, having been originally employed in its gaseous form, generated by the simple combustion of sulphur. As an antiseptic, a preventer of decomposition and of fermentation, and as a sustainer of the natural composition of nearly all vegetable and animal materials, it appears as useful in the interior, as in the exterior of the organization. On this principle, its efficacy as a remedial agent is chiefly founded, but I have been led to the conclusion that it has an additional value as a prompter of digestion, in cases in which the gastric juice may be deficient in some of its acidulous ingredients.

Preliminary to the discussion of the modus operandi of this article, I ask attention to a few remarks upon the fundamental nature and character of diseases in general. Of the numerous branches of medical science, which it is the duty and the interest of its practitioners to investigate and become well acquainted with, having a bearing on treatment, there is none of more profound, complicated, and important character, than the

ETIOLOGY OF DISEASES.

Upon familiarity with this department of professional knowledge, depends in a large degree the capability of addressing remedial, as well as preventable measures. This subject applies not only to the *external* causes of disturbance of the physiological functions, but likewise to internal sources, in other words, to the pathological conditions provocative of the symptoms indicative of deranged action.

Every practitioner of experience is familiar with the existence of a great number of disorders whose remote origin, and true pathological character, are difficult of comprehension, although their general characteristics and tendencies are well understood, as derived from repeated observations.

The mechanical organization and arrangements of the numerous and complicated structures which compose the animal

body, and the physical operations by which the functions of the various organs are carried on, are as well understood by the anatomist and physiologist, as are those of the steam engine, or any other apparatus, by the mechanic and engineer,—and as a general rule, the mode of treatment of almost any particular disease, is as plain to an experienced practitioner as is the management of a sailing vessel in a storm to an experienced seaman. There are occasions when the force of the winds, the blasts of lightning, and the turmoil of the sea, are impossible to be overcome, especially with a vessel of frail structure, whereby its loss becomes inevitable. So with the human constitution; its organic structure is frequently so feeble, and the opposition to the elements of life are so utterly overwhelming, that neither nature nor art is able to control them, and in a considerable number of the derangements with which humanity is afflicted, the *remote* causes are as little known and understood by the physiologist, as are the causes of hurricanes, and of thunder by the navigator.

Some diseases are known to be of a strictly specific character, derived from the introduction into the organism of some peculiar substance to which the idea of *poison* is veraciously applied, and whereby the natural functions are disturbed, and in many instances so extensively deranged, as seriously to impair the vital powers, and for the modification or counteraction of which, what is known as *specific treatment* is required. As examples of this class, we may refer to syphilis, variola, intermittent, and yellow fever.

The *chemistry of physiology* must be regarded as the true quarter whence the real nature of most idiopathic diseases is to be learned. There exists no other structure so complicated, delicate, and numerously varied in its chemical combinations. In none other is there to be found so large a number of the primary elements of nature; in no other laboratory is there so great a number and variety of operations; and it is owing either to the presence of some foreign matter, to the deficiency or surplusage of one or more of the natural ingredients, or to their mal-combination, that a majority of the diseases are to be properly attributed.

Carpenter, in his work on the Principles of Human Physiology, page 535, very properly remarks:

"From the part which the blood performs in the ordinary process of nutrition, it cannot be doubted that it undergoes important alterations when these processes take place in an abnormal manner. The alterations must be sometimes the

causes, and sometimes the effects, of the morbid phenomena, which constitute what we term diseases. Thus when some local cause affecting the solid tissues of a certain part of the body, produce inflammation in them, their normal relations to the blood are altered; the consequence is that the blood in passing through them, undergoes a different set of changes from those for which it is originally adapted, and thus its own character undergoes an alteration, which soon becomes evident throughout the whole mass of the circulating fluid, and is, in its turn, the cause of morbid phenomena in remote parts of the system. On the other hand, the strong analogy between many constitutional disorders, and the effects of poisonous agents introduced into the blood, appears clearly to point to the inference that these diseases are due to the action of some morbific matter which has been directly introduced into the current of the circulating fluid, and which has affected both its physical and its vital properties."

The symmetry of many diseases which do not immediately depend upon external causes, necessarily involves the idea of the presence of a morbific agent in the circulating fluid. For example, palsy from lead—the agent known to be mingled with the blood, and to be deposited in the parts affected. Among the most frequent causes of depravation of the blood is the retention in it of matters which should be removed by the excretory processes; *e. g.*, carbonic acid, if totally retained by the lungs, will occasion death in a few minutes. The retention of the materials of the biliary and urinary secretions is a fertile source of disorders of the system—often of fatal results.

The most remarkable cases of depravation of the blood by the introduction of matters from without, are those in which these matters act as *ferments*, exciting such chemical changes in the constitution of the fluid, that its whole character is speedily altered, and its vital properties impaired. Of the causes of blood depravity, one of the most prolific, direct, and most continually in operation, is that function upon which the entire structure of the body is dependent for its renewal and continuance, *viz.*, digestion and assimilation, in which must be included respiration, this being, in fact, the last act of digestion. Very numerous diseases are well known to derive their existence from either the imperfection of this function, or from the inclusion of improper material.

In Draper's Physiology, we are informed, page 77:

"The imputed control which the alkalinity or acidity of the digestive juices exerts in determining the result, illustrates the

important function discharged by common salt, which furnishes to the juices of the stomach and intestines the characteristic ingredients they require, by breaking up readily into hydrochchloric acid and soda, and *re*-forming at once whenever these materials are brought in contact."

Carpenter, in the work before quoted, remarks, page 503:

"This fluid (gastric juice) of which the existence has been denied by some physiologists, is not very unlike saliva in its appearance; it is, however, distinctly acid to the taste; and chemical analysis shows that it contains a considerable proportion of free muriatic acid, and also some acetic acid. The former must evidently be derived from the decomposition of the muriate of soda contained in the blood, the remote source of which is the salt ingested with the food. Besides these principle ingredients, the gastric fluid contains muriates and phosphates of potash, soda, magnesia, and lime."

Prof. Dunglison, in his work on Human Physiology, states:

"*The quantity of free hydrochloric acid was surprising;* on distilling the gastric fluid, the acids passed over, the salts and animal matter remaining in the retort; the amount of chloride of silver thrown down, on the addition of nitrate of silver to the distilled fluid, was astonishing."

Thos. Chambers, M.D., in his work on Digestion and its Derangements, remarks:

"It may be considered settled that for *healthy digestion, an excess of acid is necessary.* In dogs it may be considered as settled by the experiments of Drs. Bidder and Schmidt, that the necessary free acid in the healthy state is the hydrochloric. This is the result of eighteen experiments made upon the gastric juice of the animals named, after fasting from eighteen to twenty hours, in all of which there was found free hydrochloric, and not a trace of any organic acid. On the whole, the evidence at present seems to point to the conclusion, 1st, that most probably free *hydrochloric* acid is normally present in the healthy gastric juice when it freely exudes on the presence of a natural stimulus; 2d, that it is present in smaller quantities in man than in dogs; 3d, that in man it may be easily neutralized and rendered undiscoverable by the gastric juice being overpowered by a comparative excess of mucus or saliva, normally in excess in fasting, abnormally so in disease."

M. Schmidt, by recent observations made on the gastric juice of a woman having a gastric fistula, calculated that 580 grammes (about 24 ounces) were secreted in an hour, which would give 14 killogrammes (about 36 pounds) a day, being

about one-fourth the weight of the body. The following is given by M. Schmidt as the result of nine analyses of the gastric juice of the dog, obtained as pure as possible; 1000 parts contained:

Water,	973.062
Organic matter,	17.127
Phosphate of lime,	1.729
" magnesia,	.226
" iron,	.082
Free hydrochloric acid,	3.030
Chloride of potassium,	1.125
" sodium,	2.507
" calcium,	.624
Chloro-hydrate of ammonia,	.468

According to M. Velpeau, it is permanently acid in different degrees, a fact established by the experiments of Leuret, Lassaigne, Tiedeman and Gmelin.

Considering the exceedingly complicated character of this fluid, and the very profound nature of the chemico-physiological operations it is required to undergo in combination with the multiplicity of material imbibed as food and condiment, and it being the primary foundation of the "house we live in," it is clear that any deficiency in its chemical ingredients, or the presence of any material in the stomach upon which it cannot properly act, must result in deficient nutrition of the blood, and consequently of various parts, and possibly of the whole structure of the body.

To whatever circumstance indigestion may be owing, whether to deficiency of amount of gastric juice, the privation of some of its essential ingredients, or to a defective capacity of the circulatory or nervous functions, (upon the integrity of which this function is also largely dependent,) the contents of the stomach must undergo the decomposition and fermentation, which invariably occur with all dead animal and vegetable matter when confined in vessels where they are subject to the continued influences of heat and moisture. To this natural operation are due the generation of gases which give the symptom of flatulence, pervading both the gastric and intestinal organs; also the nausea and eructation of the food, so frequent in dyspepsia; and likewise the epigastric pains, so distressing in many instances; together with the diarrhœa, dysentery, colic, and hepatic congestion and torpor, so frequently resulting from the presence of the foreign masses thus retained, and impart-

ing, to a greater or less extent, foul and injurious ingredients to the blood by absorption.

My experience with the remedy referred to in the treatment of diarrhœa, dysentery, cholera-morbus, as well as dyspepsia, has been most decidedly beneficial. From five to twenty, forty, or sixty grains, according to the age of the patient and the severity of the symptoms, administered two, four, or six times a day, have, in almost every instance, had the effect of speedily arresting the discharges, and relieving the nausea and the colicky irritation. I could cite several cases in which its efficacy has proven as prompt as any other remedy before tried, and in not one have I seen any bad effect or failure. As to its *modus operandi* in these complaints, it seems to act in the double capacity of an antiseptic and astringent. On the latter principle, its influence appears sometimes almost as speedy and efficacious as opium. In cases of constipation derived from torpor of the liver, or deficient peristalic power of the intestinal tube, its corrective influence over almost all functions aids to restore a healthy action of the muscles of the bowels.

In dyspepsia its efficacy has been most marked, especially when the disorder is accompanied with flatulence and eructations of food. These symptoms are doubtless the result of the decomposition and fermentation of the foreign material in the stomach itself, from one or more of the causes before mentioned. In such cases the sulphite salt operates, in the first place, as a direct and powerful arrester and preventive of the decomposition of the food, in the same manner as it does on the outside of the body; and, in the second place, its acid consituent, either in its original sulphurous form, or by its advancement to the sulphuric form, doubtless compensates for some of the deficiency of the gastric juice, and in this way completes the digestive process as far as the gastric function is concerned. The form of administration which I have found most useful and successful in dyspepsia and its attendant circumstances, is in combination with tonics and carminatives, avoiding alcoholic stimulants on all occasions. My chief combination is tincts. of cinchonæ comp., and cardamoms, and syr. aurantii, with the sulphite salt in separate solution, combining the two at the time of administration.

It speedily arrests the fermenting process which the contents of the alimentary canal so frequently undergo, eliminating gases, producing symptoms of flatulence, and which doubtless in many cases is the cause of the diarrhœa, nausea, colic, and other attendant symptoms. For the arrestation of this pro-

cess of decomposition and fermentation, I have found no means equal to sulphurous acid in the form of a sulphite salt. In several instances in which flatulence was a very prominent symptom, one or two doses of the salt appear to have immediately arrested and removed it. As an illustration of its value in dyspepsia, the following extract is quoted from a letter received from a recent member of the General Government in Washington:

"*Washington City, Jan. 8, 1867.*

"DR. J. H. GRISCOM.

"*Dear Sir*—You remember your medical prescription. I procured it; and from taking the first dose, I felt no more of that dyspeptic trouble. I took faithfully the twelve powders and the liquid, and believe they have been of more benefit to me than all the medicine I have taken for years. Since then, several of my friends have been complaining, in my presence, of the same trouble I had, and I have immediately given them the apothecary's number of your prescription, and in the only report I have had, it cured the gentleman just as it did me. I am not sure I shall not set up 'Doctor for Heartburn,' on your capital."

There is another disorder in which the intestinal canal is chiefly involved, and accompanied with other serious disturbances, in which, though it has not fallen to my lot during the past two years, to have obtained any experience in the treatment with this or any other remedy, having seen no case of it, I yet should unhesitatingly and with full confidence, administer it. I refer to *cholera Asiatica.*

Sulphuric acid, diluted in the form of a beverage, has gained, in France, considerable reputation in the treatment of epidemic cholera, its remedial effects being attributable to its antiseptic powers, and to its influence in destroying cryptogamic parasites and organic germs. In Sulphur*ous* acid we have a preparation of the same ingredients in different proportions, possessing the same advantages combined with the additional one of being a powerful antiseptic and deodorizer, in its native form, and then, by conversion into sulphur*ic* acid, possessing all the advantageous properties of the latter.

In any disease whatever, in which the digestive function is impaired, whereby the recuperative faculties of the entire system must be more or less diminished, the capacity of the sulphite in arresting the decomposition and fermentation, and thus preventing the additional trouble and increase of derangement necessarily resulting therefrom, is a most valuable *adjuvant.*

A marked illustration of this theory is found in typhus fever and other analogous disorders. In that species of derangements, the digestive powers are manifestly reduced, at the same time they are our principal reliance for the addition of the antitoxic remedies to the circulating fluid.

In the diseased condition known as *Scorbutus*, there is a most direct demand for proper alimentary material, and therein we find the sulphites valuable, not only as a means of suspending the fermenting process, but also, by the agency of both its acid and alkaline constituents promoting digestion itself.

But it is not alone upon the contents of the stomach and bowels, with which the salt comes in direct and immediate intercourse, that its antiseptic and antizymotic influence is exerted. This, as before suggested, is probably due to the action of the sulphurous acid derived from the decomposition of the salt. But there are many diseases of a zymotic character, derived from causes wholly independent of the digestive function, upon which this agent has been found to exert a curative influence as rapid and efficacious as in those already referred to.

We have several reports in medical journals, of its efficacy in intermittent and typhus fevers, in scarlatina, small-pox, and measles, the theory of its action in which is, that the acid is absorbed into the blood itself, and therein exerts its antiseptic properties directly upon the materies morbi which give rise to the disorders.

Even in yellow fever, the real chemico-physiological cause of which has not yet been satisfactorily made known, it was last summer, during the prevalence of that disease in the West Indies, reported by the medical officers of the British fleet, to have produced highly favorable results.

Its value in erysipelas I have had the gratification of testing in several cases. In one case in the New York Hospital, found on the face of a delirium tremens patient, a few doses of the salt wholly relieved that symptom in twenty-four hours. In this peculiar disorder there would seem to be a very plain reason for its usefulness, it being a disease whose source is most plainly derived from internal derangement of the blood, producing obstruction of the functions of the capillary circulation of the skin, thus giving rise to congestion and inflammation. That it is derived from some chemico-pathologic alteration of the blood, there can be no doubt, although we know not the true nature of the change.

In several cases of bronchial and pharyngeal catarrh, I have also observed singularly beneficial results from its administra-

tion in connection with local treatment, this disorder being considered as based upon the same foundation as cutaneous erysipelas.

The origin of many cases of idiopathic pneumonia, peritonitis, pleuritis, and other disorders embraced in the same nosological class, is a question of the highest scientific importance, both in relation to the nature of the disease and its treatment. In the remarks of Carpenter, before quoted, relating to the changes produced upon the blood by *local causes*, thus giving rise to morbid phenomena in distant parts of the system, we have an intimation of the influence of the alterations of the blood disturbing the capillary functions; whence it is easily perceivable that the so-called inflammatory affections just named may be the direct effects of morbific changes in the blood, introduced by other than local causes. In the treatment of these diseases and others of similar character, such as erysipelas, gastritis, enteritis, hepatitis, and all others of idiopathic origin, it is rational to look into the chemical condition of the vital fluid, both for their origin and for the means of restoring it to its healthful condition. There is one very common disorder, the chemical origin and cause of which is now almost universally admitted, and for which chemical anti-toxic treatment is very generally found available. I refer to rheumatism, which is known to be dependent upon a hyper-acetic condition of the blood, and capable of neutralization by the use of alkaline medicines. The alkaline salt, known as tart. pot. et sod. has proved in latter years to be an almost uniform remedy for all forms of this disease. In a recent paper on this topic by Professor J. H. Salisbury, of the Charity Hospital Medical College, Cleveland, Ohio, contained in the last October No. of the *Amer. Jour. of Med. Sciences*, we are presented with a very lucid exposition of the several varieties of this disorder illustrated by microscopic expositions. He remarks: "We have four or more types of rheumatism, which may be designated as follows: 1st, Lithic; 2d. Oxalic; 3d. Cystinic; 4th. Phosphatic." All of these acidulous conditions are discernable by microscopic examination of the blood, demonstrating the several primary elements by the varied character of the parent gland cells.

It is not unreasonable to suppose that these various changes are the results of imperfect digestion and assimilation, varying in character according to the nature of the dietary, or functional powers of the patients—improvement in both of which may, in very many cases, be secured by the subject of this paper.

The nervous system, in both its centres and branches being also dependent for its integrity and healthful energy upon its proper nutrition, there is equally good reason for the opinion, that many of its derangements, such as hysteria, neuralgia, and even paralysis and meningitis, may be due to imperfect or deranged nutrition, as certainly as is delirium tremens, and in many such cases, the use of an agent for the purification of the nutrient fluid may be found directly influential in restoring a sound state of that organization, and likewise as in almost all other functional disorders, it may be found to be an important adjuvant to other essential remedies.

A case of unexpected relief to the mental functions, derived from its administration for a physical disease, will presently be reported.

In that peculiar pathological condition of the blood and cutaneous organization which is manifested by the production of numerous furuncles, commonly known as boils, the administration of sodæ sulphis, in combination with the carminative tonics, has proved, under my observation, a very perfect and rapid remedy. The same remark is applicable to another cutaneous disorder, dependant wholly upon gastric derangement. I refer to *urticaria.*

During the preparation of this essay, the most extensive and violent case of this disease that ever fell under my observation, came under my care. It was a lady aged 17, who had suffered greatly for several days with nausea, sleeplessness, an eruption covering almost the entire cutaneous surface, and accompanied with excessively violent itching. In twenty-four hours, a few doses of forty grains each, of sodæ sulphis, combined with carminative tonics, and a local external application of a solution of the salt, relieved all the symptoms to a great extent, and in forty-eight hours, they all wholly disappeared, leaving the patient in good health.

Another application of this salt, which I have found both highly interesting and valuable, is, in the case of infants, by whom their natural food, the mother's breast milk, is frequently rejected.

A dose of two to five grains, in combination with a few drops of the tinct. card. c., sweetened with a little syr. aurantii, has in many instances proved directly successful in causing a retention and assimilation of the stomach's contents, when administered soon after imbibition, thus greatly promoting the health and strength of the juvenile.

There are three forms of this salt, *viz.*, the sulphite, the hy-

posulphite, and the bi-sulphite—the first of which has been my principal dependence, though the others, when employed in proportionate quantities for the supply of the acid constituent, are equally useful. The only objection to the bi-sulphite is its being somewhat uncertain as to the proportions of acid contained in it, unless kept in solution, as a portion of the gas is liable to escape when exposed to the air in the crystaline form. —*Phila. Medical and Surgical Reporter.*

Book Notices.

Treatise on Diseases of the Eye, Including the Anatomy of the Organ. By CARL STELLWAG VON CARION, M.D., Professor of Ophthalmology in the Imperial Royal University of Vienna. Translated from the Third German Edition, and edited by CHARLES E. HACKLEY, M.D., Surgeon to the New York Eye and Ear Infirmary, Physician to the New York Hospital, Fellow of the New York Academy of Medicine, etc., and D. B. ST. JOHN ROOSA, M.D., Clinical Professor of the Diseases of the Eye and Ear in the Medical Department of the University of the City of New York, etc. With an Appendix by the Editors. Illustrated by Ninety-Six Wood Engravings and Eighteen Chromo-Lithographs. New York: WM. WOOD & Co., 61 Walker Street. 1868.

This is a full-sized octavo volume of 774 pages, published in excellent style. There is not, within our knowledge, any one volume, accessible to the American student and practitioner, which affords so complete a view of the present state of knowledge in relation to the organs of vision and their diseases, medical and surgical, as the one before us. The editors and publishers have conferred a real favor on the profession. For sale by W. B. KEEN & Co., 148 Lake Street.

The Principles and Practice of Obstetrics. By GUNNING S. BEDFORD, A.M., M.D., Prof. of Obstetrics, the Diseases of

Women and Children, and Clinical Obstetrics in the University of New York; Author of Clinical Lectures on Diseases of Women and Children. Illustrated by Four Colored Lithograph Plates and Ninety-nine Wood Engravings. Fourth Edition, carefully revised throughout, and enlarged. New York: WM. WOOD & Co., 61 Walker Street. 1868.

The work on Obstetrics, by Prof. Bedford, is already so well known to the profession, that any comments in relation to its general merits are unnecessary. The present edition has been thoroughly revised, with the addition of some new matter. The publishers have done their part of the work well. We freely commend the work to the patronage of our readers, whether students or practitioners. For sale by medical booksellers generally.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M.D., Prof. of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons of New York; Physician to Bellevue Hospital; Consulting Physician to the State Women's Hospital, etc., etc. With Two Hundred and Nineteen Illustrations. Philadelphia: HENRY C. LEA. 1868.

This is an octavo volume of 625 pages. Its typographical execution and binding are excellent; and we doubt not its contents are correspondingly interesting and valuable, though we have not yet commanded sufficient time to examine them in detail. The well-known ability and industry of the author will justify a full recommendation of the work. For sale by W. B. KEEN & Co., 148 Lake Street.

Lectures on Orthopædic Surgery. Delivered at the Brooklyn Medical and Surgical Institute. By LOUIS BAUER, M.D., M.R.C.S.. Eng., Prof. of Anatomy and Clinical Surgery; Licentiate of the New York Medical Society; Member of the New York Pathological Society; Member of the American Medical Association; Corresponding Fellow of the London

Medical Society, etc., etc. Second Edition, revised and augmented, with Eighty-four Illustrations. New York: Wm. Wood & Co., 61 Walker Street. 1868.

This edition of Dr. Bauer's work embraces 336 octavo pages, being much larger than the first edition. The author is an earnest, thoughtful investigator and experienced practitioner; and our readers will find his work a valuable addition to their libraries. For sale by W. B. Keen & Co., 148 Lake Street.

Editorial.

Medical College Commencements in Chicago.—Several weeks since, Rush Medical College closed its regular annual college term, by conferring the degree of M.D. upon 120 candidates for graduation. The degrees were conferred by the President of the College, Prof. J. V. Z. Blaney, and the regular valedictory address was delivered by Prof. R. L. Rea. The exact number of students in attendance during the past winter we have not seen stated, but think it was not far from 275.

The Chicago Medical College celebrated its ninth annual commencement on the 3d of March. The afternoon of the preceding day had been spent in the reading of theses by their authors, and the *public* examination of the candidates for graduation. At the commencement proper, the President of the Faculty first delivered the certificates to such members of the Junior Class as had passed satisfactory examinations in the Junior Series of branches, accompanying the same by a brief exhortation in relation to the further prosecution of their studies. Certificates were next given by the Professor of Clinical Surgery, to those members of the class who had served a specified time as dressers in the surgical wards of Mercy Hospital.

Dr. J. S. Hildreth, Surgeon to the Eye and Ear Department of the County Hospital, conferred special certificates on seven

of the candidates for graduation, who had not only attended his clinics in the Hospital, but had also passed a satisfactory examination by him, on the subject of Ophthalmology. He accompanied the certificates by a short and very appropriate address.

The Committee of the Faculty, appointed for that purpose, awarded the prize for the best thesis to Nicholas Senn, and for the second best to D. W. Nolan.

The President then conferred the degree of Doctor of Medicine on 45 regular candidates for graduation, and 5 *ad-eundum* and honorary degrees on practitioners who had been properly recommended for that purpose. The delivery of the diplomas was accompanied by a brief and impressive charge to the graduates, concerning the nature and importance of the duties and responsibilities they assumed in entering upon the active practice of the profession of medicine.

E. S. Cleveland, in behalf of the class, responded to the charge of the President in a very neat and appropriate address.

The exercises were closed by a valedictory address by Prof. E. Andrews, on the Recreations of the Physician; a subject which was treated in a most interesting and instructive manner.

It will be seen by this brief statement, that the Chicago Medical College, though organized, from its first establishment, on the basis of a long lecture-term; consecutive order of studies (the branches being divided into junior and senior series), annual examinations; and hospital clinical instruction as an integral part; with higher lecture-fees than any other school in this region; has advanced with steadiness and rapidity to a high degree of prosperity.

Indeed, the City of Chicago has not advanced more rapidly in her commercial or material interests than she has in the growth of her medical schools. Ten years since, she had but one medical college and one hospital. The number of medical students in attendance was about 130, and the number of degrees conferred about 40. Now we have 2 colleges, 4 hospitals, 400 students, and 170 graduates, making her rank next to New York and Philadelphia, as a great centre of medical college and hospital instruction.

ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE.—The first anniversary meeting of this association was held in the College Hall, immediately after the close of the commencement exercises. The President of the Association, Professor Jewell, delivered an address on the subject of Medical Education. He advocated the immediate adoption of all the recommendations of the Cincinnati Convention, and presented the whole subject in a style so clear and interesting as to fix the attention and elicit the approval of his audience.

ILLINOIS STATE MEDICAL SOCIETY.—The next Annual Meeting of the Illinois State Medical Society will be held in the City of *Quincy*, commencing on the *Third Tuesday* in May, 1868. It is very desirable that the profession throughout the State should be well represented.

N. S. DAVIS,

March 26th, 1868. *Permanent Sec'y.*

AMERICAN MEDICAL ASSOCIATION.

Office of Permanent Secretary, WM. B. ATKINSON, M.D.,
S.-W. Cor. Broad and Pine Sts., Phila.

The Nineteenth Annual Meeting of the American Medical Association will be held in Washington, on Tuesday, May 5th, 1868, at 11 o'clock A.M.

The following Committees are expected to report:

On Ophthalmology, Dr. Jos. S. Hildreth, Illinois, Chairman.
On Cultivation of the Cinchona Tree, Dr. J. M. Toner, D.C., Chairman.
On Surgical Diseases of Women, Dr. Theophilus Parvin, Ind., Chairman.
On Rank of Medical Men in the Navy, Dr. N. S. Davis, Ill., Chairman.
On Insanity, Dr. C. A. Lee, N.Y., Chairman.
On American Medical Necrology, Dr. C. C. Cox, Md., Chair'n.
On Leakage of Gas-Pipes, Dr. J. C. Draper, N.Y., Chairman.
On Medical Ethics, ——— Chairman.
On Plan of Organization, Dr. C. C. Cox, M.D., Chairman.
On Provision for the Insane, Dr. C. A. Lee, N.Y., Chairman.
On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr.

Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thoms; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engelman; Alabama, Dr. R. Miller; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baber; Michigan, Dr. Ab'm Sager; Ohio, Dr. W. Russell; California, Dr. F. W. Hatch; Tennessee, Dr. Joseph Jones; W. Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Sam'l Willey.

On Clinical Thermometry in Diphtheria, Dr. Jos. G. Richardson, N.Y., Chairman.

On the Treatment of Disease by Atomized Substance, Dr. A. G. Field, Iowa, Chairman.

On the Ligation of Arteries, Dr. Benj. Howard, N.Y., Ch'n.

On the Treatment of Club-Foot without Tenotomy, Dr. L. A. Sayre, N.Y., Chairman.

On the Radical Cure of Hernia, Dr. G. C. Blackman, Ohio, Chairman.

On Operations for Harelip, Dr. Hammer, Mo., Chairman.

On Errors of Diagnosis in Abdominal Tumors, Dr. G. C. E. Weber, Ohio, Chairman.

On Prize Essays, Dr. Chas. Woodward, Ohio, Chairman.

On Medical Education, Dr. A. B. Palmer, Mich., Chairman.

On Medical Literature, Dr. Geo. Mendenhall, Ohio, Chairman.

Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.

W. B. ATKINSON.

JUST PUBLISHED.

A Complete List of the Muscles of the Human Body, by WILLIAM LITTLE, M.D., Chicago. A Chart, size 24x38, giving the name, origin, insertion, and use of all the muscles in the Human Body. Price 50 cents; mounted on rollers, $1.50.

Also, the Cranial Nerves, Twelve Pairs, giving the name, origin, foramen of exit, distribution, and function. Price 20 cents. Address, WILLIAM LITTLE, M.D.,

220 Indiana St., Chicago.

Mortality Report for the Month of February:—

CAUSES OF DEATH.

Accidents	6	Croup	12	Measles, following the	3
Apoplexy	6	Debility	12	Meningitis	5
Bowels, inflammation	2	Diphtheria	6	Paralysis	2
Brain, congestion of	6	Dropsy	3	Peritonitis	4
Brain, disease of	2	Dysentery	4	Phthisis pulmonalisis	41
Brain, inflammation	5	Encephalites	2	Pneumonia	52
Birth, premature	9	Fever, puerperal	5	Pneumonia, typhoid	2
" still	36	Fever, scarlet	5	Scrofula	2
" tedious	1	Fever, typhoid	7	Small-pox	33
Bronchitis	7	Heart, disease of	7	Tabes mesenterica	9
Bronchitis, capillary	4	Hydrocephalus	8	Teething	5
Cerebritis	2	Inanition	8	Varioloid	2
Childbirth	3	Lungs, hemorrhage of	2	Unknown	2
Cholera infantum	2	Lungs, congestion of	5		
Convulsions	41	Measles	24	Total	423

Deaths in Feb'y, 1868, 423 | Deaths in Feb'y, 1867, 265 | Decrease, 158
Deaths in January, 1868, 438 | Increase, 15

AGES.

Under 5	254	40 to 50	22	90 to 100	0
5 to 10	25	50 to 60	3	100 to 110	0
10 to 20	15	60 to 70	12	Unknown	0
20 to 30	42	70 to 80	8		
30 to 40	38	80 to 90	4	Total	423

Males,	221	Females,	202	Total,	423
Single,	335	Married,	88	Total,	423
White,	420	Colored,	3	Total,	423

NATIVITY.

Chicago	198	Germany	41	Russia	0
Other parts U. S.	104	Holland	9	Scotland	4
Australia	0	Ireland	30	Sandwich Islands	0
Belgium	0	Isle of Man	1	Sweden	10
Bohemia	1	Norway	10	Switzerland	0
Canada	3	Nova Scotia	1	Wales	0
Denmark	0	Prussia	5	Unknown	0
England	7	Poland	0		
France	1	Prince Edward Isla.	1	Total	423

MORTALITY BY WARDS FOR THE MONTH.

Ward.	Mortality.	Pop. in 1866.	One death in		Ward.	Mortality.	Pop. in 1866.	One death in	
1	10	9,668	1,208	1-2	14	25	12,108	448	12-27
2	21	12,985	811	9-16	15	47	15,766	404	1-4
3	18	15,738	655	9-12	16	35	14,912	573	7-13
4	19	10,884	380	1-8	County hosp.	10			
5	30	9,610	536	1-9	Hos Wom. Chi.	3			
6	18	10,680	391	7-9	Soldier's Ho.	1			
7	43	18,755	538	5-35	Home of the Friendl's,	2			
8	17	10,429	453	10-23	Marine hos.,	0			
9	20	13,940	422	14-33	Mercy hos.,	1			
10	17	11,416	634	2-9	St. Luke's hos.	0			
11	32	12,924	359		St. Jose. asyl.	6			
12	28	12,695	396	2-3	Lake Hosp.,	4			
13	16	8,188	629	11-13					

Total, 423

DEATHS BY SMALL-POX.

For the Month of February, 1868.

1st Ward	2	11th Ward	2
3d Ward	1	12th Ward	1
4th Ward	1	15th Ward	4
5th Ward	4	Lake Hospital	4
6th Ward	1		
7th Ward	6	Total,	33
8th Ward	2	January, 1868,	27
9th Ward	4		
10th Ward	1	Varioloid, 2d Ward,	2

CITY PHYSICIAN'S REPORT.

It appears from the Report of the City Physician, that

The whole number of patients remaining in Hospital, February 1, was	45
Admitted during the month,	68
Total,	113

Discharged cured, 61; Died, 6; Remaining at Hospital, 46;

The complaints of those who were discharged cured were: Variola confluens, 20; Variola coherens, 15; Variola discreta, 21; Rubeola, 4; Scarlatina, 1.

Five persons died of variola confluens and one of phthisis teberculosis. Of the above five, three had never been vaccinated, and the other two had been vaccinated, but it had not taken.

The diseases of those now in the hospital are as follows:—Variola confluens, 18; Variola coherens, 12; Variola discreta, 16.

MONEY RECEIPTS TO MARCH 27TH.—Drs. S. P. Breed, $3; A. W. Gray, 3; Geo. Fredigke, 3; J. F. Kelsey, 3; D. B. Trimble, 3; John P. Seebold, 3; Jas. M. Barlow, 3; W. A. Fox, 3; G. L. Henderson, 3; A. H. DePuy, 3; Asher Goslin, 3; Carter & Frazey, 3; R. C. Moore, 6; H. A. Chase, 3; J. B. Cloud, 3; W. W. Duncan, 3; John D. Wood, 3; W. H. Lyford, 3; J. H. Reynolds, 3; C. G. Reim, 3; A. A. Dunn, 3; G. Bradley, 1.50; John Walker, 3; F. B. Etheridge, 6.

TO PHYSICIANS.—His attempts to extend a more advanced knowledge of his specialty to physicians already in practice having been so favorably commented upon by those of the profession who have attended the previous courses, and by the medical press. **PROF. HORATIO R. STORER,** Will deliver his third private course of twelve Lectures upon the

TREATMENT OF THE SURGICAL DISEASES OF WOMEN,

During the first fortnight of June, at his rooms in Boston.

Fee $50; and Diploma required to be shown. Certificates of attendance upon the courses already completed have been issued to the following gentlemen: Drs. J. B. Walker, Union, Me.; Alexander J. Stone, Augusta, Me.; Daniel Mann, Pelham, N.H.; Augustus Harris, Colebrook, N.H; J. W. Parsons, Portsmouth, N.H.; E. F. Upham, West Randolph, Vt.; G. E. Bullard, Blackstone, Mass.; J. A. McDonough, Boston, Mass.; J. G. Pinkham, Cambridge, Mass.; James Coolidge, Athol, Mass.; Thomas G. Potter, Providence, R.I.; C. M. Carleton, Norwich, Conn.; I. Farrar, Hartford, Conn.; M. C. Talbott, Warren, Pa.; H. Gerould, Erie, Pa.; W. W. Bancroft, Granville, Ohio; A. I. Beach, Bellville, Ohio; Henry E. Paine, Dixon, Ill.; W. L. Wells, Howall, Mich.; and W. A. I. Case, Hamilton, C.W.

Hotel Pelham, Boston, January, 1868. feb3t.

AVERAGE DURATION OF LIFE IN ITALY.—The director of the Italian Life Assurance Society, M. W. Rey, has published some interesting statistics showing the average duration of life in Italy as compared with that in other countries, from which it appears that the mortality of Italians is exceptionally great. He shows that in Italy, 22½ per cent. of the infant population die yearly, and that, even in the healthiest districts, the average duration of life is 33.43 years only, while in France it is 38.33, at Geneva, 42.02, and in England, 39.31. The number of births, too, is relatively much smaller in Italy than in England and France.

LAMENTABLE DEATH FROM CHLOROFORM.—A young lady, the wife of a lieutenant-colonel in the Confederate army, died recently at Gallatin under very painful circumstances. Being near confinement, and suffering during the night with great pain, she inhaled some chloroform on her own account. She laid the handkerchief upon her chin and fell asleep. In the morning she was found dead. This circumstance goes to prove how dangerous a plaything chloroform is.

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THE

RICHMOND MEDICAL JOURNAL.

E. S. GAILLARD, M.D.,

PROFESSOR OF GENERAL PATHOLOGY AND PATHOLOGICAL ANATOMY IN THE MEDICAL COLLEGE OF VIRGINIA,

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